N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact WITH UNFADING INK-THIS IS A PERMANE

BINDING

MARGIN RESERVED FOR

LARS 1	Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH
1-11-	Ceeu adolph tion, give its NAME is stead of street and number.)
1-11-	MEDICAL CERTIFICATE OF DEATH
1.00 11	
uget	16 DATE OF DEATH (Month) (Day) (Year)
, 193/	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192
If LESS than a	and that death occurred on the date stated above, at
	(Duration)yrsmosds.
	(Signed) (Si
ia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
v i	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
0	At place of deathmosds. In the Stateyrsmosds. Where was disease contracted,
EDGE II	if not at place of death? Former or usual residence
oad 1	sospect benutery bet 10, 1931
Registrar	a. I Marshall 3539 Falls Road
	If LESS than I day hrs. or min.?

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Househmid, etc. If the occupation has been changed gaged in domestic service for wages, as Screaut, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a t," etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; sman, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal favor (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure, grammas," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railwoy train-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sorcoma, etc., of Chronic valvulor heart disease; etc. The affection need not be contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING	BINDING
WATH UNFADING INKTHIS IS A PERMAN! TOORD	PERMAN! LORD
lon should be carefully supplied. ACE should be stated EXACTLY, PHYSI-AUSE CF DEATH in plain terms so that it may be properly classified. Exact ION is very important. See instructions on back of certificate.	should be stated EXACTLY, PHYSI- t it may be properly classified. Exact s on back of certificate.

LY,

WRITE PLA

V. S. No. 1

PLACE OF DEATH County Balts	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Essex (No. mace	Registration Dist. No. 4 4
2FULL NAME Xunigunda	Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuale Hute Single, MARRIED, France OR DIVORCED (Write the word)	16 DATE OF DEATH Och. 12 , 192/
Set. 8, 1878	17 I HEREBY CERTIFY, That I attended the deceased from 192
(Month) (Day) (Year)	that I last saw halive on, 192
J3 yrs. 8 mos. 4 ds. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	Cerebral Haemouhage
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs,mosde
9 BIRTHPLACE (State or country) Lermany	Contributory Secondary (Duration)yrsmosde
10 NAME OF Galsterer	(Signed) Jacob Hallman Coroner M. D.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unknown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Christopher Celt	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Oct. 14 1981 John G. Cornelly Registrar	20 UNDERTAKER ADDRESS Some S. Connelly Essex
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Macc Care - Easey 15 Filed Oct . 14 1981 July 4. Connelly Registrary	18 LENGTH OF RESIDENCE (For Hospitals, Institution ients or Recent Residents) At place of death

Cor. Sallman

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, "Iraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid American Medical Association.) Examples: Accidental drowning; Struck by railway train-Chronic valvular heart disease; etc. The contributory Nomenclature of the

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Registrat

Lugistrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

V. S. No. 1

Filed /

If more branks are needed

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screaml, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Collon mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Grocery; Won-

Statement of Cause of Death—Name, first, the DIS-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease "Peblity." ("Congenital," "Senile," "fetc.); "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condietc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANEN BINDING FOR NFADING INK---THIS IS ARGIN RESERVED

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Frielon (No	St.: Ward) (If death occurred im a hospital cr institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 25 , 193/ (Month) (Day) (Year)
6 DATE OF SIRTH Och 25 (Month) (Day) (Year)	that I last saw h
7 AGE	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Claudia 13, 19 wll	(Signed)
18 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Filed Of 15 1931 Samuel & Miller Registran	At place of death. yrs. mos. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Middle town 20 UNDERTAKER ADDRESS ADDRESS ALLIAND MC

If more blanks are needed, addross Stato Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1

20

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning cfillness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Fcrmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ef. (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis," etc. diseases tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valvular heart disease; etc. The contributory not be

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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County / Oalla .	CERTIFICATE OF DEATH
0 1. 4/. 1. 1.40	Registration Dist. No. 442
Village or City Dalto Joigh Nord 75 mi	chique (15 Ward) a hospital or institu-
2 FULL NAME Elizabeth - 6.	Barret tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH October. 37, 19:31 (Month) (Day) (Year)
May. 28 , 184/ (Month) (Dyy) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1931 to OCF 3, 1931, that I last saw h sa alive on OCF 3, 1931,
7 AGE [If LESS than	and that death occurred on the date stated above, at 11 4 5 m.
82 yrs. H mos. 5 ds. or min.	The CAUSE OF DEATH * was as follows:
O yrs. mos. ds. or min.	/scorcers / hemmonia
(a) Trade, profession or particular kind of work	(Vermus)
(b) General nature of industry	
business, or establishment in which employed er (employer)	(Duration)yrsmosde.
9 BIRTHPLACE (State or country) Ruly Ind.	Contributory Secondary
10 NAME OF MILE PON.	(Signed), (Duration) yrs de.
FATHER MM, C MESS.	10/4 131 (Address 2910 Kolley Ferry
OF FATHER (State or country) Salt Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jucy. Hayer.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or country) / Salty ma	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Lary 1. Warret	usual residence
(Address) Balts Highlands	Padan Hill Oct. 6 1, 19.31
Filed GcX 5- 19231 Sentieffer	Egundertaker Harla 115 & Uzax St
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Vilesturn)

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same actepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetarius) may be stated under the head of "contributory." American Medical Association.) Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, can be ascertained as the cause. Always qualify all unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic ," "Coma," "Convulsions, etc. The contributory valvular heart disease; not be

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BINDING

MARGIN RESERVED FOR

V. S. No. 1

N. B.

11673

Village or City Fork (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 40 St.: Ward) St.: Ward) Lakely (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw han slive on from the date stated above, at 1 2 m.
J day hrs. ds. or min.? a occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Second Hemonlage
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yrs. mos. ds.
FATHER W. Dlakeloy II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME 12 MAIDEN NAME	(Signed M. D. M. M. D. M
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(Informant) John a. Blakeley (Address) From wh.	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Fork W. C. Cerrit Oct 29, 193/
Filed OC-28 1931 J. F. H. Torsuch h. D. Registrar	Countertaker Carthur Form my.

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemon, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healther," etc., without more precise specification as Doy laborer, Farm laborer, Loborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Gook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile foctory. The material

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease idanus) may be stated under the head of "contributory." occident; Revolver wound of head-homicide; Poisoned by diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," eausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephrilis, etc. The contributory (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State eause for which surgical operation was underean be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilwoy troin-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease;

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Statement of Cause of Death—Name, first, the DISEANE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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should be stated EXACTLY, PHYSI-it may be properly classified. Exact See instructions on back of certificate. should be carefully supplied. ACE snouid be stated as of DEATH in plain terms so that it may be properly PERMANEN BINDING FOR UNFADING INK--THIS RESERVED CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important. MARGIN of information



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or C	Spano	wis Ph	10	05	5	82
				-		

Ω . Ω	Registration Dist. No.
Village or City Danows (No. 1. 100	a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 0 5 3 , 192 (Month) (Day) (Year)
(Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192
TAGE Still Corn If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at3
B OCCUPATION (a) Trade, profession or particular kind of work	Dillon
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) francows Somet	Contributory Secondary (Duration) yvs
10 NAME OF FATHER Starles O. Brown	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER (SINA)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country).	At place of deathyrsmosds. In the Stateyrsmosds.
THE ABOVE IS THURTO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Address/005 . J. St	Honey Comeley Och 6, 193)
15 Files Ocr 5 10319 Apolomies (m)	29 UNDERTAKER ADDRESS U

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook household only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housenuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Luborer-Coul mine, etc. (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The materia Grocery

Statement of Cause of Death—Name, first, the pice EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted team for the same disease. Examples: Cerebros pinal fever (tle only definite synonym is "Epidemic cerebros spinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

(Recommendations on statement of cause of American Medical Association.) enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed approved by Committee on Nomenclature telenus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Chronic valvular heart disease, The n ture of the injury, etc. The contributory

(Approved by U. S. Census and American Fublic Health Association.)

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tdanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Ilaemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, approved by Committee on Nomenclature of the carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway troinor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as American Medical Association.) .. (name origin; "Cancer" is less definite; avoid perilonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic etc. The contributory valvular heart diseose;

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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH Baltimore County Registration Dist. No. Village or City EUDOWOOD SANATORIUM, TOWSON MDND. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. ds. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5e, if merried, widowed, or divorced HUSBAND of 22. RTIFY Thet I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS then to heve occurred on the dete steted above, et 10 1 day, ----- hrs. or min. were as follows: Date of onset 8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. of back Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10 Date deceesed lest worked at 11. Total time (years) this occupation (month end spent In this occupetion ... instructions 12. BIRTHPLACE (city or town) (Stete or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) (Stete or country) MOTHER very important. 15. MAIDEN NAME 23. If death wes due to externel ceuses (VIOL ENCE) fill in elso the following: 16. BIRTHPLACE (city or town) OF DEATH (State or country) Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, Manner of injury CAUSE mation Neture of injury LION 24. Wes diseese or injury in eny wey releted to occupation of deceesed? 19. UNDERTAKER If so, specify (Address) Eudowood San. Powson. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The state of the s	

ADDI	ITIONAL SPACE FOR FUI	RTHER STATEMEN	TS BY PHYSIC	IAN

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County County	Registration Dist. No.
Village or City—Segure	No. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number)
0. 51.0	Of °
2. FULL NAME Tange 18. C.	receive
(a) Residence: No. (Osual place of abode)	Z8LC Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, (OR DIVORCED (write the word)	21. DATE OF DEATH (bay) 193/ (Year)
5a. if married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY that I attended deceased from
6. DATE OF BIRTH (month, day, and year)	liast sew ham alive on Och (2, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 2 50 m.
84 4 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER	Crurio Scensore Holens
SAWYER, BOOKKEEPER, etc S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	and Courone myreaths
SAW MILL, BANK, etc	-
this occupation (month and 921 spant in this occupation 5.04	M
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of importance:
13, NAME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation. Name of operation. Date of
15. MAIDEN NAME Lavilla Mann	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State er country)	Where did injury occur?
17. INFORMANT My Jaa Mailie (Address) Edgewerk Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury
Surgell 2	Nature of Injury
19. UNDERTAKER Weer Ason Drive. (Address) Successible mod	24. Was disease or injury in eny way related to occupation of deceased? 20
on such Dex (1316. Mistomises n.	(Signed) Jawan Lo, Harber M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ____

Registrar. .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
7				
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	Met 1, 1923	Gastroenteritis	1 year	
	2000			
ADDITIONAL SPACE TO	OR FURTH	ER STATEMENTS BY PHYSICIAN		

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the should be used only when needed. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many Locomotive engineer, As examples: (a) 6 Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is lcss definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"," "Heart failure," "Haemorrhage," Chronic etc. The contributory valvular heart disease;

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V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County / allo	CERTIFICATE OF DEATH,
Point	Registration Dist. No.
Village or City horth function No. 2FULL NAME Harry Davis	St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thate 4 COLOR OR, RACE SINGLE, MARRIED, MANUEL WIDOWED. (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Oc. 23r4, 187 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Dattended the degrased from 1931. to 2 2 1923
7 AGE If LESS than I day hrs. 1 mos. 28 ds. or min.?	and that death occurred on the date stated above, at 4 9 n
B OCCUPATION (a) Trade, profession or particular kind of work	Carcina of Laryny
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Exhausticu Secondary
(State or country) 10 NAME OF FATHER Doll, Davidson	(Signed All Comprice M. I Oct 22 1923/ (Address) Opaning Ciny
OF FATHER Z (State or country) Denn O	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER achel Jeifer 13 BIRTHPLACE	18 LUNGTH OF RUSIDENCE (For Hospitals, Institutions, Trunients or Recent Residents)
OF MOTHER (State or Country) dont know	At place of death
(Informant) (1) Davidson	Former or usual residence
(Address) Rorth floint Junile	19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL OCT. 23, 193
15 File Det 22 1923/ Glander Megistras	John J. Minan Booo E Ball
If more b.anks are needed, addre.s tate wegistra	r, W. Saratoga St., Balto., Lequesting V. S. No. 1.

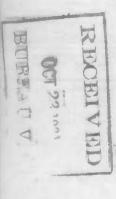
(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, nature of the business or industry, and therefore an tion applies to e ch and every person, irrespective cf or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a er," etc., Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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BINDING

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of desof importance were as foll	ith and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1977 4 332	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1107 4 901	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	RUPEAU V	July 5, 1927	Peritonitis	3 days ago
	the skind of man of many			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND CERTIFICATE OF DEATH

sot act	PLACE OF DEATH	1 () () (4	STATE OF M	ARYLAND
E X	County Baltimore	60-	CERTIFICATE	OF DEATH
, bed.		(13-E)	Registration Di	ist. No. 42
CTL)	Village or City Relay (No.	1 ** ** ** *** *** *** *** *** *** ***	St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME in-
riy ol	2FULL NAME Ellen Shoe	maken D	onaldson	stead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	AL CERTIFICATE OF	DEATH
d be st y be pr ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH	Oct 14	(Day) (Year)
E shoul at it ma ons on b	6 DATE OF BIRTH (Month) (Day) (Year)		CERTIFY, That I atter	
led. AC	7 AGE 7 AGE 1 If LESS than 1 day	and that death occurs	red on the date stated a	bove, at 9 3'5 m.
suppli in term See in	a OCCUPATION (a) Trade, profession or particular kind of work			
refull) in pla	(b) General nature of industry business, or establishment in which employed or (employer)	Contributory	(Duration) 2	yrs. mgs ds.
be ca EATH impo	9 BIRTHPLACE (State or country) Baltwine Co. Md.	Secondary.	(Duration)	yrsds.
ouid i	10 NAME OF FATHER Samuel Moore Shoemak	(Signed)	Green Elp	ridge m
AUSE ON is	OF FATHER (State or country) (State or country)		isease Causing Death, ate (1) Means of Inju	or, in deaths from ary and (2) Whether
te C.	of Mother augusta Chamban Eccle		SIDENCE (For Hospita	
Info	OF MOTHER (State or Country) Chestertown Mol.	At place of death yrsm		yrsmosds.
n of noulc	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death	h?	
NS sh temen	(Informant) Mrd Miriam S.D. Mann 905 Poplar Hell Road (Address) Poland Park Walls, In	usual residence	L OR REMOVAL FORIST	Of 16 31
BEver CiA stat	15 Filed Coct 15 192 31 Le Mules for	Cerry X.	Enkins frug	m Callohr Orchans
ż	If more blanks are needed, address State Regista	r, 16 W. Saratoga St.,	Balto., Requesting V. S.	No. 1.

St Thomas Cen

V. S. No.

BINDING PERMANE

Y FOR IS

WITH UNFADING INK--THIS MARGIN RESERVED

(Approved by U. S. Census and American Public : Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to cach and every Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, loborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Famer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont Gook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a whatever, write None. Foremon, (b) Automobile foctory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Doy Stationary fireman, etc. But in many person, irrespective of As examples: (a) (b) Grocery,

Statement of Cause of Death—Name, first, the principles of Causing Death (the primary affection with respect to time and causation), using always the same decepted term for the same disease. Examples: Cerebraphild fever (the only definite synonym is "Epidemic cerebrosspinal meningitis"); Diphilheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

DY Terifer arbuters

teldnus) may be stated under the head of "contributory." approved by Committee on (Recommendations on statement of cause of (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Corcinoma, Sorcoma, etc., of use of "Tumor" for malignant neoplasms); Measles; "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, diseases resulting from childbirth or miscarriage as "Puerperal septicuemia," "Puerperal peritonitis," etc. can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," Whooping cough; occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercarbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by roilway troin-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvulor heart discose, nephrilis, etc. The contributory Nomenclature Always qualify all discose;

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V. S. No. 1

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WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERM	Every Item of information should be carefully supplied. ACE should CIANS should state CAUSE CF DEATH in plain terms so that it mastatement of OCCUPATION is very important. See instructions on by
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	PLACE OF DEA				STATE OF	
(County Baltimon	ce	************	(23)	CERTIFICATE	OF DEATH
		. 56 7	I't Wilson	Branch, Md.	Registration	Dist. No. JV
Vill	age or City Mt . Y		(No. Tubercul	osis Sanatori	UII. St.: Ward	(if death occurred in a hospital or institu- tion, give its NAME is - stead of street and number.)
	PERSONAL AND	STATISTIC	AL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 5		or race	SINGLE, MARRIED, MARYI CO WIDOWED. OR DIVORCED (Write the word)	***************************************	October	5th , 1951 (Day) (Year)
6 D	ATE OF BIRTH					tended the deceased from
	Nov	rember	25th . 186	0		tober 5th, 1931.
-	***************************************	(Month)	(Day) (Ye			per 5th, 1921,
7 A		. 10 m	os. 10 ds. or m	hrs. The CAUSE OF DE	urred on the date stated ATH * was as follows:	d above, at 10.45 A.m.
(a pa (b	CCUPATION 1) Trade, profession or articular kind of work 2) General nature of incusioness, or establishment hich employed or (employed or (empl	Elec lustry	trician	Pulmonary	~~	7 yrs. ?mos. ?.ds.
9 B	IRTHPLACE (State or country)	Wisco	nsin	Contributory Secondary	None (Durkien)	Qvis P mos A ds.
1	10 NAME OF FATHER	Andre	w Elbert	(Signed)	John C	1. Duitle M. D.
NTS	OF FATHER (State or country)	Germa	ny		I is as Causing Death, state (1) Means of I	
PARE	12 MAIDEN NAME OF MOTHER	Wilhe	lmina Deglow		ESIDENCE (For Hospi	itals, Institutions, Trans-
-	OF MOTHER (State or country)	Germa	ny	At place of death or yrs	.mos. 16. ds. In the	ite. 3 yrs. ? mos. ? ds.
14 T	(Informant)	. 1	X Lyerhol	Former or 74	L E. 37th St.	, Balto. Md.
	(Address) Mou	,	son, Maryland	19 PLACE OF BURI	t Much	10-6 . 1987.
15	Filed Bex 5	31 8	66 mehos	20 UNDERTAKER	P	ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illuess. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, House-Spinner, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. " etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Luborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosqinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tions, such as "Asthenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Mcasles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by Committee on (Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Nomenclature of the Always qualify all not be

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V. S. No. 1

County Gallo	Registration Dist. No.
	No. St., Ward
2. FULL NAME Howard & Eugenstein Street Stre	osds. How long in U.S. If of foreign birth?yrsmosds
(a) Residence: No(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Corp. OR DIVORCED (write the word) Male. White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OCK. VS (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jolianna & Euror'	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que , 4th 1879	Wast saw h Am alive on Och 23 , 193/; death is sai
7. AGE Years Months Days If LESS than 1 dayhrs	to have occurred on the date stated above, at
8. Trade, profession, or particutar kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Intestry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) spent in this occupation.	Patalysii Agitans 3 42
2. BIRTHPLACE (city or town) Ballo Cos' (State or country)	Other Contributory Causes of importance:
13. NAME Frank Europ. 14. BIRTHPLACE (city or town) (State or country) unknown	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, spicide, or homicide? Where did Injury occur? Where did Injury occur?
17. INFORMANT Johanna C. Euson. (Address) Glene of Euson.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plantillury Genetry Date Oct 78 1931	Manner of injury 200 mg Spring Nature of injury Drimming
19. UNDERTAKER Sarteustern Moreguaker (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ox 27 , 1931 Sagries OKBCale	(Signed) 1 1 Suymanland M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

r-E	xample I	₹.	Example II	
The principal cause of dea of importance were as follows:	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 9 1991	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUPPLANT V S	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:	para c	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11685
1. PLACE OF DEATH County Baltimore	23
Village or City EUDOWOOD SANATORIUM, TOWSON	Registration Dist. No. St., Wa death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurred. Syrs	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH CC Cober 27 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended deceased for the state of the sta
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, at 8 4 5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Cashier in ary SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Overnunry Luberculous
Data deceased last worked at this occupation (month and year) 11. Total time (years) spont in this occupation 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 2 13. NAME 6a ue fitzgraed 2 14. Consumer of the country of	
[14. BIRTHPLACE (city or town) Loudon Co. Vinginia (State or country)	Name of operation
15. MAIDEN NAME many Kernan.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) London Cu. Verg, n.a. (Stata or country)	Accident, suicide, or homicide?
Hospital RecordsPersonal History 17. INFORMANDO WOOD SANATORIUM, TOWSON, MD,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL EREMATION OF REMOVAL Pyterfell Catherral Date Oct 30 , 199/	Manner of injury
19. UNDERTAKER (COOK) (Address) 12/7 Fraul	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Pet 12 7 , 1931 Ofur Buller	(Signed) Address Endowood San Towson, Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JORDAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		to go and mortisting comments	Ė

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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M	ST. act	1PLACE OF DEATH	11696 STATE OF MARYLAND
	PHYSI.	County 03 allunare.	CERTIFICATE OF DEATH
		. 14. 0	Registration Dist. No. 32
ECORD	tated EXACTLY, roperly classified certificate.	Village or City M. Washing Now File	St: Ward) (If death occurred in a hospitul or institution, give lits NAME instead of street and number.)
ğ	ated	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A A	ould be stamay be pron	nale of or RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oxfolic 8, 1921
PERM	t it	6 DATE OF BIRTH July 1) the 1889	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192,
SA	So that	7 AGE (Month) (Day) (Year)	that I last saw h allve on 192 ,
HIS IS	piled rms instr	H2_yrsmosds. ormin.} 8 OCCUPATION	The state of the s
INK-	ully sup plain te nt. See	(a) Trade, profession or particular kind of work (b) General nature of industry	(Juliventa)
NG A	Pris d	business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
AD AD	be cal	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) (Duration) (Duration)
H UNF	CF DE S very	10 NAME OF FATHER Jame 4 Comming	(Signed) (Address) July ville me
TI	CAUSE TION	OF FATHER (State of country) Organia	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
ILY,	Lon	of Mother Clara Brown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	f Info	13 BIRTHPLACE OF MOTHER (State or Country) Urguno	At place of death yrs. mos. ds. In the State yrs. mos. ds.
ITE F	shoul	(Informant) Sophia telining	if not at place of des.h?
WR	Every it CIANS statome	(Address) 1623 Carrolltonillus	PARKET VINGINA DET. 12, 1931
T	1 0 0 0	Filed Och 9 1931 Nu B. B. Michell Registras	Markater Rulellans m. Sonnedust
	Z	If more banks are needed, addre.s Ltate Negistrar,	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planler, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ention applies to each and every person, irrespective ci Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia carebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"E haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association. approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage "PUERPERAL seplicaemia," "PUERPERAL perilonilis," can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease affection need not be etc. The contributory ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent turther correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

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PHYSICIANS should state ECORD. Every item of infor-Exact statement of WITH UNFADING INK-THIS IS A PERMANENT-RI stated EXACTLY. be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may B.-WRITE PLAINLY,

OCCUPA.

	STATE	OF MAR	RYLAND—	CERTIFICATE	OF DEA	TH 11	687
1. PLACE O				93-0			
County3	Baltimore				Registration [Dist. No.	32
Village or (City Garrison, Mo	d.		No. f death occurred in a hospital or institu	NAME OF THE PARTY	st.,_	Ward
Length of res	idence in city or town where	death occurred	yrsmos	ds. How long in U.S. if o	of foreign birth?	instead of street an	mosds.
2. FULL NA	ME Martha G.	Fox					
(a) Resider	nce: No. Garrison	n.Md.		St., Warel.			
(Usual place of abode)				(I		rive city or town a	nd State
	NAL AND STATIST				ERTIFICATE	OF DEATH	
J. SEX _Female	4. COLOR OR RACE		ARRIED, WIOOWEO, CED (write the word)	21. DATE OF DEATH	9,	(Oav)	, 193 1 (Year)
5a. If married, widow HUSBANO of	ved, or divorced						
(or) WIFE of	William P.Fo	x		22. I HEREBY CERTIFY. That I attended deceased from October 9, 1931, to October 9, 1931 I last saw her alive on October 9, 1931 death is said			
6. DATE OF BIRTH	(month, day, and year) Fe	hruary 2	22.1892				
7. AGE Yes		Oeys	If LESS than	to have occurred on the date state	ed ebove, at 5:30	P.m.	
39	7	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT were as follows:	TH and related cause	s of importance	0.4. (
Z 8. Trade, profe	ssion, or particular			Coronary Th	rombosis		Oate of onset
SAWYER	,	Housewif	0	Chronic Myo			?
work we	business in which s done, as SILK MILL, LL, BANK, etc			Hypertensio	n		?
U 10. Date deceas	ed last worked at	11. Total	time (years) eart in this Life	Pregnancy			8 mo
an Diperior Con Col	Mar	ryland		Other Contributory Causes of importance:			
12. BIRTHPLACE (ci (State or cou	,	Jama					
13. NAME	William Davi	is					
13. NAME 14. BIRTHPLACE	(city or town) Max	ryland		Neme of operation N		Oate of	
(State of	country)			What test confirmed diagnosis?			
15. MAIOEN NA	ME Elizabeth	Brown		23. If death was due to external cau	uses (VIOL ENCE) fill	in also the follow	ng:
15. MAIOEN NA 16. BIRTHPLACE	(city or town) Mary	land		Accident, suicide, or homicide?	0	ate of injury	, 19
∑ (State or	r country)			Where did injury occur?	(Specify city or t	own, county and S	
17. INFORMANT William Fox (Address) Garrison Md.			Specify whether injury occurred in	n INDUSTRY, in HOM	AE, or in PUBLIC I	LACE.	
18. BURIAL, CREMATION, OR REMOVAL Plecol Lames accepting oate & X 12 1931			Manner of injury				
19. UNOERTAKER Frank /4. Neurele (Address) Politoville med:			24. Was disease or injury In any w	ay related to occupa	tion of deceased?_	No	
20. FILEO OCh 10 , 1931 Dr. E. B. Nichola			(Signed) C. C. (Address)	neho		M. 0.	

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritia OV 3 1931	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BITTE U				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE

	116
OF DEATH	110.

STATE OF MARYLAND

County Bolting	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Dundalls (mon both are	Demolls are 1 St.: Ward) a hospital or institu
2 FULL NAME Oquata Fredrick	a Froehlich stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5 , 193/
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Rug 18 , 1886	Left 16 192 1. to 0 7 5 , 192
(Monch) (Day) (Year)	that I last saw h alive on 0 5 , 193
7 AGE If LESS than	and that death occurred on the date stated above, at Ze./5.
75 yrs. 1 mos. 17 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	Typhond fever
particular kind of work	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion) yremosde
(State or country) Bottime Woryland	Contributory Secondary (Duration) yrs mos, de
10 NAME OF	-a MANNO LA
FATHER Henry trochlich	(Signed). M. E. O. S. 6 192 (Address) College S. Ellowerd arc.
OF FATHER Heardanston	
Z (State or country) Derman	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER MORGENT ROLLE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosd
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Mrs Leage Novis	Former or usual residence
(Address) & undolk.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
is ind (mmhai	20 UNDERTAKER ADDRESS
Filed/0/8/3/192 // // // // Parmen	Mad 49) Denne TIATICATO

If more bianks are needed, addre.s tate Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional-line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (a) Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, (b) Grocery: eman, (b) Automobile factory. The material -Coal mine, etc. Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS pneumonia, Bronchopneumonia ("Pneumonia,

> American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of death fanus) may be stated under the head of "contributory." Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Example: Measles (disease ," "Convulsions,

if this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	362
PLACE OF DEATH County Dally	110.
Rosedate	(23)

STATE OF MARYLAND CERTIFICATE OF DEATH

1 Rosedale	Registration Dist. No. 44
2FULL NAME Kauty, S	St: Ward) a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, MODEL OR DIVORCED (Write the word)	16 DATE OF DEATH 28, 1923/ (Month) (Dgy) (Year)
(Month) (Day), 1893	that I hast sew h M alive on Oct 16 1937
7 AGE State State	and that death occurred on the date stated above, at
(a) Trade, profession or about Makes particular kind of work about Makes (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. — mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Dyration) ys mos ds
STATHER OUN GLICA 11 BIRTHPLACE OF FATHER (State or country) Suugary	*State the Disease Causing Death, or, in deaths of M.D. Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) (Address) (Address)	Where was disease contracted, if not at place of dee.h? Former or usual residence
15 Filed Oct. 28 1921 Jlm lo. Connelly	20 UN DERTAKER ADDRESS ADDRESS PLAIX

If more blanks are needed, addre.s Ltete Registrar, 16 W. Seratoga St., Belto., Requesting V. S. No. 1.

V. S. No. 1

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R. B.-Every item of information should be carefully supplied. ACE thould be stated EXACTLY, PHYSICIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Howemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation Automobile factory. The material Laborer-Coal mine, etc. Wom-(6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid probably suicide. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4 WRITE PLANCY, WITH UNFADING INK--THIS IS

FOR

MARGIN RESERVED

S. No. 1

z

EXACTLY, PHYSI- ly classified. Exact ficate.	Village or City Turners Stat (No. Balue 2FULL NAME Clary Lee &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 44 St.: Ward) Ward (If death occurred in a hospital or institution, give its NAME instead of street and number.)
stated Property	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
te st be pr ck of	Fluste Glored. Single, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct. 3/ 193/
chou	6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) 17 BL HEREBY CERTIFY, That I attended the deceased from 1931. to 000 31, 1991, that I last saw here alive on 0000 31, 1991,
plied. ACE rms so that instruction	7 AGE If LESS than dayhrs. ormin.?	and that death occurred on the date stated above, at 8 P m. The CAUSE OF DEATH * was as follows: The CAUSE OF DEATH * was as follows:
ouid be carefully sup DF DEATH in plain ter very important. See	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Thermen Station. Ind 10 NAME OF FATHER James Lares	(Signed) (Duration) (Duration) (Duration) (Signed) (Signed)
iformation shitte CAUSE (CUPATION is	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfents or Recent Residents)
of in	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	At place of death
BEvery item CIANS sho statement	(Address) Turnes Station (Address) 1923/ Liffy Comission (19 PLACE OF BURIAL OR BEMOVAL ATE OF BURIAL NOT 2, 1931 20 UNDERTAKER ADDRESS Bato

li more blanks are needed, addre.s Ltate Negistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Screant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a laborer, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, report specifically the occupations of persons en-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material Laborer-Coal minc, etc. not gainfully em-(b) The ques-Grocery;

Statement of Cause of Death—Name, first, the Dis-EALE (AUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway train (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not pesses important. Example: Measles (disease Committee on Chronic etc. The contributory valvular heart Nomenclature Measles ; disease;

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REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthwork, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, ctc. Womwithout more precise specification as Day (b) Automobile factory. The person, irrespective of (b) material Grocery;

fever spinal meningitis"); Diphtheria avoid use of "Croup" ed terin for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia" to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is "Epideinic cerebropneumonia, Bronchopneumonia "Pneumonia,

> ctic), "Attachy" "Collapse," "Coma," "Convulsions," causing death) 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal condiuse of diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all unqualified. approved by Committee on Nomendature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," ete. "Inanition," "Marasmus," UIG Age, Snock, "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility C"Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," American Medical Association.) Examples: Accidental drowning; Struck by railway trainndary or interdurrent) affection need not be d tales important. Example: Measles (disease ne death) 29 ds.; Bronchopneumonia (secondary), perilonacum, etc., Carcinoma, Sarcoma, etc., of hame origin; "Cancer" is less definite; avoid in stitial Tyenfritis, fumor" for matignant neoplasms); Measles; fame origin; Sugh; The finic valvular heart disease; " "Marasmus," "Old Age," "Shock," is indefinite); Tuberculosis of lungs, menetc. The contributory

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and a l questions All the

11692

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dis	t. No. 42
Ward)	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
ERTIFICATE O	F DEATH
,	

3	St.; Ward)	[If death of a hospital or give its NAI of street and	ME Instead
T	MEDICAL CERTIFICATE OF	DEATH	
16	DATE OF DEATH (CAFE	84	,193,
-	(Month)	(Day)	(Year)
17		/	sed from
	, 1927, to Ost	y	, 197
th	at I last saw h war alive on O	8 4	197/
	nd that death occurred on the date state	al a bayra . a.	11300-
			·
TI	ne CAUSE OF DEATH * was as follows:		
-			************
	A)	·	100000 0000000000000000000000000000000
- 1	erebro - malace a		
		4.	
	(Buration)		00 ds
	Contributory Querae orlar Secondary	· Schle	- Carr
	7		
-	(Durelian)		01 de
(\$1	med) / Federi V. Beile	4	
-	Oer 9 18P (Address) Rela	-4./	
	*State the Drawant Caristia Dwame or in	deaths from	V TOT ITWT
	*State the Disease Causing Death, or, in Causes, state (1) Means of Injury; and (2) Suicidal of Homicidal.	whether Acci	DENTAL,
18	LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, T	RANSIENTS
A	OR RECENT REBIDENTS) In the		
	f death yra. mos. da. Stote, 5	Z yn 1	nos de
1	here was disease contracted,		
	not at piece of deeth?	***************************************	************
	ormer or succes from the succession of the succe	her.	
19	PLACE OF BURIAL OR REMOVAL D	ATE OF BUF	LAL
	Dan 1 /1	all	131
	Junes Sust	9 //	, 19
20	UNDERTAKER A	DORESS /	

(Year)

If LESS than

1 day, hrs.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

or given up on account of the DISEASE CAUSING DEATH, first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulstate occupation at beginning of illness. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases. For many occupations a single word or term on the business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housewrite None. Statement of Occupation-Precise statement of occupa--Coal mine, etc. For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in At home. Care should be If retired from (b) Auto-

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphal fever (the only definite synonym is "Epidemic cerebrosphal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia Kronchopneumonia ("Pneumonia"); Lobar pneumonia Kronchopneumonia of lungs. menin

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OV 2 1931

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 11803
1. PLACE OF DEATH	(31)
County Baltimore	Registration Dist. No.
Village or City Pleasant Grove	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME of hew S. Harv	ey.
(a) Residence: No. (Usual place of abode)	Ost., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writesthe word) Name	21. DATE OF DEATH (Month) 2 (Oay) (Year)
5a. If married, widewed, or divorces HISSARTO OF Q La grando T Harring	22. I HEREBY CERTIFY. That Vettended good ased fro
(or) wire or knailey of thing	(Del 1 193/ 10 O D 794 , 193/
6. DATE OF BIRTH (month, day, and year) May 5-1877	I last say bet alive on 63 284, 195/; death is sa
7. AGE Years Months Oays If LESS than I day,	to have occurred on the date stated above, atm.
07 0 0 0 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, Nousewift	
kind of work done, as SPINNER, A ouseweft	Chromolassunger suffer wy
9. Industry or business in which work was done, as SILK MILL, own hours	J
O 10. Data deceased last worked at 7/ 11. Total time (years)	
this occupation (month and 1/3) spent in this 3024	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town)	arteur dolo otos
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation. Reverse Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary & Bernett 16. BIRTHPLACE (city or town) (State or country) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
(State of Country)	Where did Injury occur? (Specily city or town, county and State)
17. INFORMANT Charles of they	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAY	Manner of injury
Place Cleasure Trove Date Oct 30,1931	Nature of injury
Edu a a lita	24. Was disease ar Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address) Newholded M. A.	If so, specify A A A
20. FILED Gest 29, 1931 B. E. Fouth 12.40.	(Signed) (Address) M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	,

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	kample I		Example II	
		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ows:	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MOA # 3352	July 5, 1927	Peritonitis	3 days ago
	ALLA AUT T	S		
Other contributory causes	of importance!		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED MARGIN Impo Be EA õ state CCUP/ CIANS should statement of O Every

BINDING

If more bianks are needed, address State Registrat, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

ADDRESS

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 116	95
1. PLACE OF DEATH	(131)	,
County Dalton ors	Registration Dist. No.	0
Village or sity Ca sonarle apreng	death occurred in a hospital or insulation, give its NAME instead of street and	Ward
Length of residence In city or town where death occurredyrs,mos.		
2. FULL NAME Catherine Horal		
(a) Residence: No. 1821 M. Register St	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 191 0 / (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of John Length Blood	22. I HEREBY CERTIFY, Thet I attended	geceased from
6. DATE OF BIRTH (month, day, end year) July 3/1871	Test saw her alive on Oct 15 193/	: death is said
7. AGE Yeers Montos Days If LESS than	to have occurred on the date stated above, et 4 - A-m.	
60 3 /2 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	
8. Trade, profession, or particular	were as rollows.	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	^	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Chr. Eudo carditas	4 mos
SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and year) year) SAW MILL, BANK, etc. 11. Total time (years) spent in this occupation		
(Balt 14-	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	(1) P. 1 91-10	16200
7	CM. M. Myourelas	7000
E	91 mg -	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of West had a series of the series	
	Whet test confirmed diagnosis?	
E O	23. If death was due to external causes (VIOLENCE) fill in also the followin	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
· · · · · · · · · · · · · · · · · · ·	Where did injury occur? (Specify city or town, county and Sta	ite)
17. INFORMANT AND LONG STORY (Address) 1821 W Begisler II	Specify whether injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Date Date 1931	Nature of injury	
19. UNDERTAKER Der J Ocutto	24. Was disease or injury In ony way related to occupation of deceased?	no.
(Address)	If so, specify Walk a Canal	
20. FILED 193 Registrar.	(Signed) (Address) Cale Annual M	M. U.
1006	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	The State of the last

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I	and the contract	Example II	
The principal cause of dea of importance were as follow	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1.00 4 1001	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	SUPPRIT V	July5,1927	Peritonitis	3 days ago
		1.0 000		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1	

PLACE OF DEATH

County

Baltimore

107-02

STATE OF MARYLAND CERTIFICATE OF DEATH

Sheppard and	Enoch Pratt	Hospital	Regis	stration D	list. No. O
Towson NAME Miss		Maryland	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
NAME			***************************************		

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female while / Single (Write the word)	16 DATE OF DEATH October 8 , 19\$31(Month)(Day)(Year)
6 DATE OF BIRTH (Alonth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from October 25 1929 to October 8, 19230 that I last saw HER alive on October 8, 19230
7 AGE If LESS than 1 day hrs 60 yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
CCUPATION (a) Trade, profession or particular kind of work Milliner (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) unknown mos de
9 BIRTHPLACE (State or country) Virginia 10 NAME OF FATHER William Hill 11 BIRTHPLACE OF FATHER (State or country) Virginia	(Signed) Arthur L. Pattlell, M. D. Arthur L. (Address) *St.,te the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Virginia Hill 13 BIRTHPLACE OF MOTHER (State or country) Virginia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place 2 yrs
(Informant) Hospital Records (Address) Filed Orf 8 197/ Mw A Bullis	if not at place of death? Former or usual residence St. James Apts., Baltimore. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Greecey, Spinner, (b) Automobile factory. The material tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetaborer, Farm laborer, Luborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the er," et ... worked on may form part of the second statement. Never return 'Laborer,""Foreman," "Manager," "Dealshould be used only when needed. As examples : (a) additional line is provided for the latter statement; in nature of the business or industry, and therefore an sary to know Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwork, household only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, whatever, write None. Housenaid, etc. If the occupation has been changed or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation (0) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia.")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Agc," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephrilis, "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all etc., of death

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred inWard) a hospital or institution, give its NAME in-stead of street and number.) proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE! 3 SEX 16 DATE MARRIED, Mar WIDOWED. OR DIVORCED Write the word 17 I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH that terms so that (Month) (Day) that I last saw h..... 7 AGE IfLESS than and that death occurred on the date stated above, at I day hrs. pplied min.? 8 OCCUPATION 99 su n t (a) Trade, profession or particular kind of work pla (b) General nature of industry business, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) be EA OG 10 NAME OF FATHER OF 11 BIRTHPLACE OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform state ccuP/ ients or Recent Residents) 13 BIRTHPLACE At place of death In the OF MOTHER (State or Country) 7 Where was disease contracted, shoul if not at place of death?.. Every item CIANS sho statement usual residence.... (Informant) (Address) If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto.,

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

"laborer, Farm laborer, Laborer—Coal mine, etc. Womstate occupation at beginning of illness. If retired from to report specifically the occupations of persons engaged in domestic service for wages, as Scrumi, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully emhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesmon. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write Nonc. ployed, as At school, or At home. Care should be taken, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the Ins-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphull fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia "Pneumonia,"

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CE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stend of street and number.) properly PERSONAL AND STATISTICA MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MADRIED pe WIDOWED OR DIVORCED houid (Month) 27 (Day) 1931 (Year). I HEREBY CERTIFY, That I attended the deceased from 17 6 DATE OF BIRTH that nstruction (Day) (Year) flf LESS than 7 AGE and that death occurred on the date stated above, at 10.2 I day hrs. The CAUSE OF DEATH * was as follows: supplied terms mos. _ds. or ____min.? 8 OCCUPATION ESERV (a) Trade, profession or particular kind of work be carefully EATH in pial (b) General nature of industry business, or establishment in (Durstion) importa which employed or (employer) AARGIN 9 BIRTHPLACE Secondary (State or country) D 10 NAME OF CF 9 (Address) 11 BIRTHPLACE S OF FATHER CAUSE *State the Disease Causing Death, or, in F Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) ATIO 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER state CCU2A ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... __yrs......ds. State.... (State or Country) should ent of OC Where was disesse contracted, if not at place of dea.h?.. Former or statement usual residence. S 19 PLACE OF BURIAL OR REMOVAL EVELY If more banks are needed, addres Ltate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

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3

PHYSKIANS should state of OCCUPA-B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RESORD. Every item of infor-Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(108)
County Balto.	Registration Dist. No. 33
Village or City Near Freeland.	NoSt.,Ward
(1) Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Isaac . Thereny Ho	Elinoshead.
(a) Residence: No. Near Freeland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
Muslo Weste OR DIVORCED (write the word)	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of Cory WIFE of Sarale F. Hollingshap	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 14th 1867	I last saw h sui alive on Ct 4 ,193/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4 40 7h.
68 10 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importanca wera as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEPPER, etc.	D. J. P.
9. Industry or business in which	novar meumonia dep. 20
SAW MILL, BANK, etc	11.23/
O 10. Date deceased last worked at this occupation (month and spant in this occupation occupation	
Quite.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Smith Hollingsligar]
13. NAME Smith Hollingshead 14. BIRTHPLACE (city or town)	Name of operation Maria Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Gattherine Thulda	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Whera did Injury occur? (Specily city or town, county and State)
17. INFORMANT CARRY COCK . Carry Carry	Secify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Palls College to confer to confer to the college to	Nature of Injury
19. UNDERTAKEN Variance Variance (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct 5 , 19 3 Samuell & Miller Registrar.	(Signed) M. D. (Address) Henries Pa
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ļį.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	5
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from definite salary); may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons entoborer, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form laborer, Loboreryrs). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Doy (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

carbolic acid-probably suicide. The nature of the injury, tetonus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomunqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condicough; Chronic valvular heart The contributory disease; of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-PHYSICIANS should state ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11701
1. PLACE OF DEATH	(59)
CountyBallo	Registration Dist. No. 44
Village or City Lun River Beach	No. Chas St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
0,61	/ / / / / / / / / / / / / / / / / / / /
2. FULL NAME withing Instern	No.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Louis W Insly	22. IHEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Oet 7.3, 19.81; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
70 9 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Q O A CALL DATE OF THE OWNERS
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Dealles/Millelus
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	
(State or country)	-
# 13. NAME Washington Inster	
14. BIRTHPLACE (city or town) Somusit Cov (State or country)	Name of operation
	What test confirmed diagnosis? Was there an aulopsy?
E TO A	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Mrs Sillian Evens (Address) 262 Kellwood Eure	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Sarkwood Date ON 26,1991	Nature of injury
19. UNDERTAKER Shu Ullub (Address) 200 8 Ollub	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Oct, 23, 1931 John S. Cornelly Register.	(Signed) Markey Hall M. D. (Address) M. (Ad
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

111701

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of
various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the de-
ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be
ceased had retired from business, report the occupation prior to retirement. Condition not garniary employed had be
returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife
answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wates,
however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, c. For a person
who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "hill," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	34 1 1000	Other contributory causes of importance: Gastroenteritis	
- Cartines	May 1,1923	Gastroemerius	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement.

Never return "Lahorer." "Foreman," "Manager," "Dealtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Doy state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Solesman. (b) should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (no or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed. us At school, or At home. Carc should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. first line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and ehildren, For many occupations a single word or term on Farm laborer, (b) Automobile foctory. The material (a) the kind of work and also (b) the Laborer--Coal minc, etc. not gainfully em-Grocery Wom-

Statement of Cause of Death—Name, first, the DILEA:: CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia"), Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. telanus may be stated under the head of "eontributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railwoy trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (sceondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is lcss definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJUNY Chronic valvular heart disease; etc. The contributory Nomenclature Always qualify all not be

It this certificate is looked over thoroughly and all questions an extred in detail, it will prevent further correspondence. All the date is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

V	HYSI-	Exact		
	N. B Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact	icate.	
	d be stated	y be properly	statement of OCCUPATION is very important. See instructions on back of certificate.	
	CE shoul	hat it ma	d no snoi	
	supplied. A	n terms so t	See instructi	30
	e carefully	ATH in plai	mportant.	
	n should b	JSE OF DE	N is very	
	informatio	state CAI	CCUPATIC	
	item of	s should	nent of 0	
	3 Every	CIAN	stater	
	z			

CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) Of death occurred in a hospital or institution, give its NAME irstead of street and number.) MEDICAL CERTIFICATE OF DEATH F DEATH Of Death (Month) (Day) (Year) HEREBY CERTIFY, That I attended the deceased from 192 to 192 3/4, 192 3
St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.) MEDICAL CERTIFICATE OF DEATH DEATH (Month) (Day) (Year)
(Month) (Day) (Year)
(Month) (Day) (Year)
192 to, 192,
OF DEATH * was as follows:
(Duration)ds.
(Duration) yrs mos ds. M. D. 1923 (Address) Oalouvelle high the Disease Causing Death, or, in deaths from Causes, state (1) Means of Injury and (2) Whether I, Suicidal or Homicidal.
OF RESIDENCE (For Hospitals, Institutions, Trans- Recent Residents) In the State yrs de.
of BURIAL OR REMOVAL DATE OF BURIAL TAKER ADDRESS
da

693

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enlaborer, Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Form laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesmon, without more precise specification as Duy For persons who have no occupation If the occupation has been changed 6 Grocery;

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to "time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." approved "Inanition," "Weakness," etc., when a definite disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY (name origin; "Cancer" is less definite; avoid by or intercurrent) affection Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory need not be

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TION is very important.

-WRITE PLAIN

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mation should

1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

	2	0
Registration	Dist. No	f
	St	Ward
ution, give its NAME	instead of street and	number)

If nonresident give city or town and State

County Baltimore	Registration Dist. No.
Village or City EUDOWOOD SANATORIUM, TOWSON,	to call
William College of City and College of City and	death occurred in a horpital or institution, give its NAME instead of street an
Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?
2. FULL NAME Hattie Jones	
(a) Residence: No.	St. Ward tallston - Hong
(Usualplace of abode)	If nonresident give city or town a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 16
5a. If married, widowed, or Avorced	(Month) (Day)
HUSBAND of Denjamin Jones	22. J. I HEREBY CERTIFY, That I attend
6. DATE OF BIRTH (month, day, end year) Sept 15, 1876	Hest saw her alive on October 16 193
7. AGE Years Months Days If LESS than	to hevo occurred on the date stated above, at 3 00m.
56 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic Repliation
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end spent in this occupation corupation	
12. BIRTHPLACE (city or town) Sallewing Sc. (State or country)	Other Contributory Causes of Importance: Chromin Films Subraula
13. NAME Thomas Ford.	
14. BIRTHPLACE (city or town).	Name of operation Date o What test confirmed diagnosis? X Cong Was there
15. MAIDEN NAME Luli Aright.	23. If death was due to external causes (VIOL ENCE) fill In also the follow
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury
Hospital Records-Personal History 17. INFORMATION WOOD SANATORIUM, TOWSON, MD,	Where did injury occur? (Specify city or town, county and Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC
18. BURIAL, CREMATION, OR REMOVAL Place Fork Cen. Date Ord 18 1931	Manner of Injury
19 INDERTAKER SSIGNER Son.	24. Was diseaso or injury In any way related to occupetion of deceased?

L DATE OF DEATH EREBY CERTIFY. That I attended deceased from 19 3/10 Octoby 16 What test confirmed diegnosis? X Can Was there an au opsy? Zes 3. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of Injury____ (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

(Address) Eudowood San (Towson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		The State of the S	

1			
(19)			
1	PHYSI-	PLACE OF DEATH	STATE OF MARYLAND
	¥ X	County Baltimore	CERTIFICATE OF DEATH
	- 0	County Occurred to	Registration Dist. No. 32
0	FLY,	Village or Cit Pointer stores (No	
ORD		Village or City/(CUSICEVICUTE) (No.	St.: Ward) (If death occurred in a hospital or institu-
	EXAC y-class	Annie & Halken	tion, give Its NAME in-
	A PLANT	2FULL NAME (MILL G. Jalams	number.)
	stated EXAC property class of certificate	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H		3 SEX A COLOR OR RACE SINGLE,	16 DATE OF DEATH
BINDING	be ck	WIDOWED, MANNER	Oct. 1923/
O W	ould may n ba	Male Wille (Write the word) Wildow	(Month) (Pear) (Year)
PE Z	t r	6 DATE OF BIRTH	act, grat 19231 to Oct 14 19231.
m ~	on on	august 6., 1853	that I last saw her alive on Oct 13" 19231
S	ied ACE is so that struction	(Month) (Day) (Year)	and that death occured on the date stated above, at Samme
S	so ruc	7 AGE If LESS than I day hrs.	
OH	plie ms inst	yre. mos. 28 ds. or min.?	The CAUSE OF DEATH * was as follows:
A L	0 0 0	8 OCCUPATION	Anda Bronchecto
ERV	S C C	(a) Trade, profession or particular kind of work Manual	
S	efully n plail tant.	(b) General nature of industry	
RE C	in F	business, or establishment in Mono	(Duretion) yrs de
Z	N TO	9 BIRTHPLACE	Contributory Fribal Langformy
(D <	EAT	(State or country)	(Duration) yrs mos de
N.	205	10 NAME OF	(Signed) Id. Tor, Sende M. D.
X		FATHER HEARKISK Trong	Cast 14 1923/ (Address) Regularity
-6	00 M	U 11 BIRTHPLACE	
3	ONO	C (State or country) ennsylvania	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
	information state CAU CCUPATIO	12 MAIDEN NAME OF MOTHER MILIAND	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
â	state ccup.	a. //W/03,	ients or Recent Residents)
A.	nfo sta	13 BIRTHPLACE OF MOTHER	At place In the of death yrs
, i	+ 20	(State or country) emallivania.	Where was disease contracted
H	m o houi	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
RY	very item IANS sho tatement	(Informent) H. T. Walkman	usual residence
送	y ii	10 TM. OD TON	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-3	AN	(Address) UWMAS /IUULO , Ma	Louden ark Cta. Uct. 17. 1931
0.1	S C E	15 Filed Oct 14 19381 14. m. Slate	20 UNDERTAKER ADDRESS
Z .	m	riled Registra:	Mm Barauman + Soms Houstonstown. Mr.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid I'ousekeepers who receive a worked on may forin part of the second statement. Never return 'Laborer,""Foreman,""Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer—Coal mine, etc. Woin-Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Lizamples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory" diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy." "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Examples: Accidental drowning; Struck by railway train causing death), 29 ds.; Bronchopneumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (secondary or intercurrent) affection need not Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature ChronicExample: Measles (disease etc. The contributory valvular heart disease; Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

OCCUPA-

of.

Exact statement

1	L PLACE OF DE		F MAR	YLAND-	CERTIFICATE OF DEATH 1796
1	County Balt				Registration Dist. No. 43
	Village or City_K		*******		No. Kenwood Ave. St. Ward
					death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
	2. FULL NAME				
				McCormic	K ANC Ward.
-	(a) Residence. No.	11.01111.000	(Usual place	of abode)	If nonresident give city or town and State
	PERSONAL A				MEDICAL CERTIFICATE OF DEATH
3.	Male 4. co	White	5. SINGLE, MAR OR DIVORCE	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH October 26th, 193 1 (Month) (Day) (Year)
5a.	If merried, widowed, or di HUSBANO ot (or) WIFE of	ivorced ina Kemps	ske		22. I HEREBY CERTIFY, That I ettended deceased from
6.	DATE OF BIRTH (month,	day, end yeer) N(ov. 23.	1848	I last saw h An alive on Qey 5 V , 1931; death Is said
7.	AGE Years	Months	Oays	I LESS than	to heve occurred on the date stated above, et 1:05Am.
_	82	11	3	ormin.	The PRINCIPAL CAUSE OF OEATH end releted causes of importance were as follows:
NO	8. Trade, profession, or kind of work don SAWYER, BOOKK	perticutar e, as SPINNER,	Retired		the fallety
CUPATION	Industry or business	in which	د خاندا دیده های مطابع ماند. ما اینده اینان ده		1 cuely
Inod	work was done, e SAW MILL, BANK 1Q. Oate deceased lest v		II Total t	ima (veare)	
ŏo	this occupation (r	nonth end	spa occ	ime (years) nt in this upetion	
12	BIRTHPLACE (city or tow	n German	1V		Other Castributory Causes of importence:
12.	(State or country)	11/32_934.30512	·		Sacoma o tan
HER	13. NAME	un	Know	Y	
FATHER	14. BIRTHPLACE (city or		nknow		Neme of operation Dete of
-	(Stete or country)	110		Whet test confirmed diegnosis? Wes there an eutopsy?
MOTHER			MAN	Har	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
MO	16. BIRTHPLACE (city or (Stete or country		own		Where did injury occur?
17.	INFORMANT Augus		. Rasp	ehiira	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR	REMOVAL			Menner of Injury
_	Place St. J.O.	nns Cem	Oete OCt	28, 1931	Neture of injury
19.	UNDERTAKER FLE	luik Zo l Belajr	Road	John	24. Wes disease or Injury in any wex-releted to occupation of deceased? If so, specify
20	FILEO 10/27	, 1931 91	a. Fri	M. D. Registrar.	(Signed) M. O. (Address) Volume M. O.
		7.0	1: 1 11	11 6 5 .	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Altack of epitensy, c.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Perdonitis	3 days ago
		NA ALL	
Oth fribut fribut			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

instruction

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED, France 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH OR DIVORCED (Write the word) (Month) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I ettended the deceased from (Month) (Day) (Year) thet I last saw h _____elive on _____, 192____ 7 AGE Ilf LESS than and that deeth occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Durstion) 10 NAME OF FATHER 1. (Address) Comman SIS 11 BIRTHPLACE NTS OF FATHER *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. (State or country) RE 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 ients or Recent Residents) 13 BIRTHPLACE At place of death. In the OF MOTHER (State or Country) Where was disease contracted, if not et place of dea.h?.. Former or na may ususl residence...

(If death occurred in a hospital or institu-tion, give its NAME in-steed of street and

number.)

If more blanks are needed, addre. s Ltate Registras, 16 W. Seretoga St., Belto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." can be ascertained as the cause. Always quality all causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, etc. The contributory Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Never report mere symptoms or terminal condicough; Chronic valvular heart disease;

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

. Jaborer, laborer, Farm laborer, Laborer-Coul mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home, Care should be taken work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, uner: (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many not gainfully em-

spinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid feeer never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> "Exhaustion," "Heart failure, Haemontage, "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonilis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease (secondar, Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-American Medical Association. approved by Committee on Examples: Accidental drowning; Struck by railway train-Whooping cough; (Recommendations on statement of cause of Never report mere symptoms or terminal condior intercurrent) affection need Chronic valvular heart discase; Nomenclature The contributory not be

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(Approved by U. S. Census and American Public Health Association.)

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WRITE

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V. S. No. 1

of OCCUPA.

STATE OF MARYLAND—CERTIFICATE OF	OF	DEATH
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4 1 MY 5 66

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Bally-	Registration Dist. No.
Village or City Coalnes rolls (16	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
	Total long in O. C. II of foldings birth:
2. FULL NAME Humb It Municipal	
(a) Residence: No. / Grant Cahus no. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write, the word) Wall SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH Och (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary 1. Klerie	22. I HEREBY CERTIFY. That I attended deceased from Cury 5, 1931, to 9 cl 3, 1931
6. DATE OF BIRTH (month, day, and year) aug 23	I last saw him elivo on Seff 5 , 1936 ; death is said
7. AGE Years Months Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, a 2 2 m. The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
12. BIRTHPLACE (city or town). (State or country)	Cartinoma of Sums Jan 193 Other Contributory Causes of importance:
13. NAME Fruy / Cline 14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
IS MAIDEN NAME GETTY Schwarts_	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) (Address)	Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Processing Date Oct 5, 193/	Manner of injury
19. UNDERTAKER AND STATE OF THE	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED. 19. Registrar.	(Signed) Marshall B Wast M. D. (Ardress) Catonielle Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Count EXACTLY, P Registration Dist. No. (If death occurred in a hospital er instituproperly clas tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEM ARRIED. BOUGHOES (Month) Write the word) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH terms so that (Day) (Month) (Year) and that death occured on the date stated above, at \$15 IIf LESS than 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: 三 ds. or min.? 8 OCCUPATION 90 (a) Trade, profession of particular kind of work? I be carefully EATH in plai y important. (b) General nature of industry business, or establishment in which employed or (employed 9 BIRTHPLACE Secondary . (State or country) pino 10 NAME OF 0 0 3/192 (Address) 11 BIRTHPLACE ENTS OF FATHER *State the Disease Causing Death, or, in deaths from (0) 建 Violent Causes, state (1) Means of Anjury and (2) whether = 0 (State or country) Accidental, Suicidal or Homicidal. SA. AR 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ccup/ ients or Recent Residents) 13 BIRTHPLACE la the At place of death.... OF MOTHER Stateyrsde. yrs........mos......ds. 00 Where was disease contracted, Every item of CIANS should statement of (if not at place of death?.... 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE usual residence. DATE OF BURIAL If more blanks are needed, address State Registrar, 16 W/Saratoga St., Balte, Requesting V. S. No. 1.

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RESERV

MARGIN

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Day laborer, Farm leborer, Laborer—Coul mine, etc Wom-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b the tion applies to each and every fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g.. Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Automobile factory. The material Salesman. person, irrespective of Locomolire But in many (b) Grocery, engineer,

z obar pneumonia. Bronchopneumonia spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS (the only definite synchym is "Epidemic cerebro-("Pneumonia,

> as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory." and qualify as accidental, suicidal, or Homicidal, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Heart failure," "Inaemornage, "Shock," (Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma." "Convulsions," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably smaide. The nature of the injury, accident; Revolver would of hand-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. causing use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary interstitial nephritis, cough; Chronic on Comenclature of the valvular heart discuse; etc. The Always qualify all Sarcoma., etc., of contributory

If this certificate is landed over thoroughly and all questions answered in detail, it will be expect further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11712
1. PLACE OF DEATH	20
County Baltimae	Registration Dist. No.
Village or City Roundale Md	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Williams to the	rapp
(a) Residence: No. 1-East shelly Old	St., Ward.
(Usual place of above)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Oct 6 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	The state of the s
(or) WIFE of Souline Known	1927 to Oct 1931
II a 1/857	l last sew h malive on Super 201931 : death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	1.55
7H 1 lday,hrs.	to heve occurred on the dete stated above, et
ormin.	were as follows:
Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc.	Cerebral hemorrhage Oct 1930.
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
10. Date deceesed lest worked at this occupation (month end spent in this occupation control occupation this occupation this occupation this occupation occupation	
H - and	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	J-4
vi a la company	arieno-accesoses 1720!
13. NAME THE OPENING	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country) Seymany	What test confirmed diagnosis? Was there en autopsy? My
15. MAIDEN NAME Purpose	23. If deeth was dua to extarnal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Textrus of the Kalbel	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Immanuel Sete Oct 1/ 193/	Netura of injury
19. UNDERTAKER William Cook,	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) 217 St (Saul Street	If so, specify
18/16 Marsh	(Signed) Clark Peres 1 M. D.
20. FILED 1 2 - 519 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Address) 2 Kingle & R& Dundalle Mel

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	in the
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1 PLACE OF DEATH County Salx	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 47
Village or City arbritis (No. 2) 2FULL NAME Peter J. Kna	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH OCT. 12 , 1856 (Month) (Day) (Year)	that I last saw h Melive on 1927.
7 AGE 1 If LESS than I day hrs. or min.?	and that death occured on the date stated above, at OP. m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre mas 9 de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER ON Keramier	Contributory Secondary (Duration) (Signed) (Signed) (Signed)
OF FATHER (State or country) 12 MAIDEN NAME	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs
(Informant) Mrs. Catherine Berger	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL OR REMOVAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF BURIAL 19 PLACE OF BURIAL 19 PLACE OF BURIAL 10 PLACE OF BURIAL 10 PLACE OF BURIAL 10 PLACE OF BURIAL 10 PLACE OF BURIAL 11 PLACE OF BURIAL 12 PLACE OF BURIAL 13 PLACE OF BURIAL 14 PLACE OF BURIAL 15 PLACE OF BURIAL 16 PLACE OF BURIAL 17 PLACE OF BURIAL 18 PLACE OF B
15 Filed Got (1 192 3/ Set Mels	Hargaret J. Lynn 1422 hight
If more banks are needed, address State Registrat	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

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PLACE OF DEATH stated EXACTLY, P properly classified. of certificate. PERSONAL AND STATISTICAL PARTICULARS S SINGLE,
MARRIED WIDOWES OR DIVORCED (Write the word) WIDOWS 3 SEX 4 COLOR OR RACE should be it may be it may be BINDA 6 DATE OF BIRTH instructions that (Day) (Month) (Year) 7 AGE Ilf LESS than I day hrs. UNFADING INK-THIS supplied terms MARGIN RESERVED 8 OCCUPATION
(a) Trade, profession or See particular kind of work carefuily t in piai (h) General nature of industry business, or establishment in importa which employed or (employer) 9 BIRTHPLACE (State or country) Should I 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER Every item of information s CIANS should state CAUSE statement of OCCUPATION (State or country) 12 MAIDEN NAME 13 BIRTHPLACE OF MOTHER (State or Country) Registrer If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in

Berge	a hospital or institu- tion, give its NAME ir- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH Oct 3	?/ , 193/
(Month)	(Day) (Year)
October 26th 31 to Oct	ober 31, 1931.
that I last saw him alive on Octo	Ber 31 1931.
and that death occurred on the date stated a	bove, atm.
The CAUSE OF DEATH * was as follows:	
Influenza	
- Andrew ga	
(Duration)	yrs
Contributory Myocardial in	
(Signed) Question)	yrs mos de.
	- 1 / 1
Get. 3/4 193/ (Address) Dr	modelk, My
*State the Discase Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju	or, in deaths from ry and (2) Whether
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospital ients or Recent Residents) At place In the	or, in deaths from ry and (2) Whether
*State the Disease Causing Death, Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospital ients or Recent Residents) At place In the	or, in deaths from ry and (2) Whether
*State the Discase Causing Death, Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For lents or Recent Residents) At place In the State. Where was disease contracted,	or, in deaths from ry and (2) Whether
*State the Disease Causing Death, Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death In the State. Where was disease contracted, if not at place of death? Former or	or, in deaths from ry and (2) Whether

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worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) er," etc., without more present abover, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewije, Houseadditional line is provided for the latter statement; it whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octhe first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shook," "Uraemia," "Weakness," etc., when a definite disease "(Debility" ("Congenital," "Senile," etc.), "Dropsy, "E-haustion." "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is lcss definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping peritonaeum, etc., Carcinoma, Sarcoma, etc., oi interstitial nephritis, Committee on Nomenclature Chronic valvular heart disease etc. The contributory

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PLACE OF DEATH	STATE OF MARYLAND
County Dallimore	© CERTIFICATE OF DEATH
70 x 0 + -01 ()	Registration Dist. No.
Village or City / Calonsville Misc	. St.: Ward) (If death occurred la a hospital or institu-
	tion, give its NAME in-
2 FULL NAME	tayfild sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR, RICE SINGLE, MARRIED, WIDQUED OR DIVORCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Uct 13,931	that I last saw h alive on
(Month) (Day) (Year)	and that death occurred on the date stated above, at Qm
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsds. or min. ?	Child was deformed
8 OCCUPATION (a) Trade, profession or	had to be collivered
particular kind of work	in pilcu
business, or establishment in which employed or (employer)	(Duration)yrsmosde
9 BIRTHPLACE (State or country) Md	Contributory Conventions of the Mongle
10 NAME OF CALL	(Signed) M. M. D. M. D.
9 11 BIRTHPLACE	Oct. 1.3.1921. (Address) Collication, M.J.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, dy, in deaths from Violent Causes, state (i) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents) At place Inthe
OF MOTHER (State or country)	of death yrs. mos. da. State, yrs mos. da. Where was disease contracted,
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) WM J Juffilla	usual residence
(Address) 13\$ Rosented are	of thome of Eurial of REMOVAL DATE OF BURIAL
Filed Oct 22 19231 Chattelat	20 UNDERTAKER ADDRESS
Registrar	A District Day of District Day of District Distr
If more blanks one needed address State Registrar	18 W Saratoga St Relto Requesting V. S No. 1.

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(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEAGE CAUSING DEATH, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womwhatever write None. business, that fact may be in licated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occ pations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealwerked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomoties engineer, the first line will be sufficient, e. g., Farmer or Planter, capation is very important, so that the relative health-(a) Foreman. (b) Automobile factory. chould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocetc., 6 yrs.). For many occupations a single word or term on without more precise specification as Day For persons who have no occupation The material

bis causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: "corchrospinal fever (the only definite synonym is "Epidemic carebrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumonia."):

Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

quences (e. g., sepsis, tetanus) may be stated under the head of "contributory." (Recommendations on otatement of cause of death approved by Committee on Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental decoming; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicuemia." "Puerperal peritonitie," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions." "Debility" ("Cougenital," "Senile," etc.), "Dropsy." "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. use of "Tumor" for malignant ueoplasms); inges, perilonaeum, etc., Carotnoma, Sarcoma, etc., of State cause for which surgical operation was under-Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-...... (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not be Whooping cough; Chronic valentur heart disease; of "contributory." (Recommendations on state-FOR VIOLENT DEATHS STATE MEANS OF INJURY the injury, as fracture of skull, and conse-Example: Measles (disease Measles; (second-(merely "Con-

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4

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Dackynung	Registration Dist. No.
Village or City codey5016	NoSt.,Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Clayabeth a. A	tel
(a) Residence: ND. Warru Poto (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) White Married, widowed, or divorced HUSBAND of 2	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, and year) AB - 1677 7. AGE Years Month's Days If LESS than	Oct 12
7. AGE Years Month's Days If LESS than 1 day, hrs or min.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11, Total time (years)	Claring Juster Stitial Nephron Harring Solam about 1918
1D. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Dether Contributory Causes of importance: Church 124rd Church Selevere Clume Anthropidal Malaham
13. NAME burns de Jusken	10
14. BIRTHPLACE (ofty or town) Seksaville Inc. (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Elizabeth Doorke	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Way. H. Lee (Address) 10 about 420 Count	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL Date Oct. 27,19 3	Manner of injury Nature of injury
19. UNDERTAKER John Burns Siries (Address) Toward ungl	24. Was disease or injury in any way related to occupation of deceased?
20. FILED. Cell 26, 1931 B. Reyner & Registrar.	(Signed) Dissely M. (Address) JEXa51 M. M.
If more blanks are needed address State Resistra	y 24 x N Charles Street Relaimore Pequeting 71 S No.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. MOTHER | FATHER B.—WRITE PLAINLY, ż

V. S. No. 1

Village of City Analysis of City of Lown where death occurred for a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred for a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred for a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred for a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred for a horpital or institution, give its NAME instead of street and number) St. I. Ward. Ward. Ward. Ward. If nonresident give city or town and State MEDICAL CERTIFICATION FOR THE COUNTY of the NAME of DEATH Williams of DEATH Williams of DEATH Williams of DEATH Williams of DEATH Ward. If nonresident give city or town and State MEDICAL CERTIFICATION for NAME of DEATH Williams of Death Williams of Death of Death William	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11717
Village or City Filland: No. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred in a hospital or incitation, give sity various mess. St. Ward. St. Ward. If nonresident give sity or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINICE, MARRIED, WIDOWED, OR PROVENCE OF White the way of North Party or North Pa	1/ PLACE OF DEATH	9. P.
Village or City Filland: No. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred. Length of residence in city or town where death occurred in a hospital or incitation, give sity various mess. St. Ward. St. Ward. If nonresident give sity or town and State PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE S. SINICE, MARRIED, WIDOWED, OR PROVENCE OF White the way of North Party or North Pa	County Selto	Registration Dist No. 35
Length of residence in city or town where death occurred. A yrs, mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. How long in U. S. If death was due to external causes (VIOEENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19. what lest confirmed diagnosis? What lest confirmed diagnosis? What lest confirmed diagnosis? Specify whether injury occurred in INDUSTIN, in IOM., or to PUBLIC PLACE.		
2. FULL NAME (a) Residence: No. Julian (b) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the ways) 5. It married, widowed, Moivorced (co) Wife of Slorage C. Role (co) Wife of Slorage C. Role (co) Wife of Slorage C. Role 7. AGE Years Month Days It LESS than 10 3/ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Fulland. (b) St., Ward. (c) Innonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SX 4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED. OR DIVORCED (write the word) A Color of BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months 1 last saw h. Y alive on 19 3 / death is said to have occurred on the date stated ebove, at H-HD Am. 1 last saw h. Y alive on 1	Length of residence in city or town where death occurred yrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS S. S. Y. 4. COLOR OR RACE S. SINCIE, MARRIED, WIDOWED, OR DIVORCED (write the wayd) So. If married, widowed, efficienced widowed, efficienced (cross with the wayd) So. If married, widowed, efficienced (cross with the wayd) So. DATE OF BIRTH (month, day, and year) S. DATE OF DEATH S. MAINT (month) S. DATE OF DEATH S. SINCIE, MARRIED, WIDOWED, (Month) S. DATE OF DEATH S. SINCIE, MARRIED, WIDOWED, (Month) S. DATE OF DEATH S. DATE	2. FULL NAME Isabell do ee	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVINCED (wint the wyd) OR DIVINCED (wint) OR		
3. SEX 4. COLOR OR RACE OR DIVORCED Centre the wight of South Muster White Or Divorced Centre the wight of HUSBAND (Month) (Day) 5.9. If married, widowed, in divorced HUSBAND (Month) (Day) 6. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at H. H. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 8. Trade, profession, or particular kind of work done, as SPINNER, Journal of the principal of the date stated above, at H. H. A.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 9. Industry or business in which work was tone, as SELK MILL, because of Importance were as follows: 10. BIRTHPLACE (city or town) (State or country) 11. BIRTHPLACE (city or town) (State or country) 12. BIRTHPLACE (city or town) (State or country) Manuel Jacobs Causes 13. NAME Jacobs Causes Name of operation. What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIDENCE) fill In also the following: Accident, suicide, or homicide? Date of Injury (Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.		
5a. If married, widowed, 19 divorced Nulsanness, 193 (Month) (Day) (Tear) 5a. If married, widowed, 19 divorced (Or) WIFE of Seorge C. Dee. 5a. If married, widowed, 19 divorced (Or) WIFE of Seorge C. Dee. 5b. DATE OF BIRTH (month, day, and year) Dec. 9 / 852 6c. DATE OF BIRTH (month, day, and year) Dec. 9 / 852 7c. AGE Years Months Days If LESS than 1 day, hrs. 1 day, hrs		
HUSBAND of (or) WIFE of Searcy 6. POS 2 6. DATE OF BIRTH (month, day, and year) Dec. 9 - 85 2 7. AGE Years Months Days If LESS than 78 / 10 / 12 / 13 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Cef 2/ 193/
6. DATE OF BIRTH (month, day, and year) Dec. 9 / 85 Z 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (State or country) 12. BIRTHPLACE (city or town) City or town Saw Mill, BARK, etc. 13. NAME Large 14. BIRTHPLACE (city or town) City or town City or town Accident, was due to external causes (VIOteNCE) fill In also the following: Accident, suicide, or homicide? What test was due to external causes (VIOteNCE) fill In also the following: Accident, suicide, or homicide? Date of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	HUSBAND of	22 I HEDERY CERTIEV That I attended descend from
6. DATE OF BIRTH (month, day, and year) Occ. 9 - 85 2 7. AGE Years Months Days If LESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, AWTER, BOKKEPTE, etc. 9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town). Arelland, spent in this occupation (State or country) 13. NAME Searge & Jecular Balley 14. BIRTHPLACE (city or town). Arelland, which what test confirmed diagnosis? Was there an autopsy? 15. MAIOEN NAME Sarving Balley 16. BIRTHPLACE (city or town). Accident, suicide, or homicide? Date of injury. 19. (State or country) 17. INFORMANT Mas. Maryle Research and Country and State) 18. Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	(or) WIFE of George 6. Dole.	
T. AGE Years Months TELESS than 1 day. hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, Journal of work and one as SPINNER, Journal of were as follows: 9. Industry or business In which work was done, as SPINNER, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town). Freelings occupation 13. NAME 14. BIRTHPLACE (city or town). Freelings occupation 15. MAIOEN NAME 16. BIRTHPLACE (city or town). Freelings occupation 17. INFORMANT 18. MAUGEN NAME 18. MAUGEN NAME 19. Manuale 19. Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	6. DATE OF BIRTH (month, day, and year) Dec. 9-1852	, , , ,
8. Trade, profession, or particular kind of work done, as SPINMER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. MANAL 19. MANAL	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4.40 Am.
8. Trade, profession, or particular kind of work done, as SPINNER, Journal of Work done, as SPINNER, Journal of Work and the service of the s		were an follows:
12. BIRTHPLACE (city or town) Freeland 13. NAME Searge 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18.	Z 8. Trade, profession, or particular	Oate of onset
12. BIRTHPLACE (city or town) Freeland 13. NAME Searge 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18.	SAWYER, BOOKKEEPER, etc. Stousewife	Conduce Deliberta
12. BIRTHPLACE (city or town) Freeland 13. NAME Searge 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18.	9. Industry or business in which work was done, as SILK MILL,	
12. BIRTHPLACE (city or town) Freeland 13. NAME Searge 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18.	O 10. Date deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town) Treeland 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. Manuale 18. Date of 18. Date of 19. What test confirmed diagnosis? 23. If death was due to external causes (VIOTENCE) fill In also the following: Accident, suicide, or homicide? 24. Date of Injury 25. Marcheller 26. Specify city or town, country and State) 27. INFORMANT 18. Specify city or town, country and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.	13 PIRTURIACE (situations) Freelowed:	Other Contributory Causes of Importance:
15. MAIOEN NAME Caroline Bacley 16. BIRTHPLACE (city or town) Date of Injury 17. INFORMANT 18. Mande Caroline 18. Mande		
15. MAIOEN NAME Caroline Bacley 16. BIRTHPLACE (city or town) Date of Injury 17. INFORMANT 18. Mande Caroline 18. Mande	13. NAME George M. Tedrick	
15. MAIOEN NAME Caroline Bacley 16. BIRTHPLACE (city or town) Date of Injury 17. INFORMANT 18. Mande Caroline 18. Mande	14 RIRTHPLACE (city or town	Name of operation Date of
17. INFORMANT Many Grant State (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Greeland Sud	(State or country)	
17. INFORMANT Many Grant State (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Greeland Sud	15. MAIOEN NAME Garoline Bailey	23. If death was due to external causes (VIOTENCE) fill in also the following:
17. INFORMANT Many Grant State (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Greeland Sud	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT (124). Mande Anne Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Greeland and	X (State or country)	Where did Injury occur?
		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
mainter of injuly	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Prace from Cercellery Date Ut 23, 1931. Nature of injury.	Produce gran cerellery Date Wet 23, 1931	Nature of injury
19. UNDERTAKE Furter Land Thousandker 24. Was disease or injury in any way related to occupation of deceased?	19 UNDERTAKES Fartaustages Morremaken	24. Was disease or injury in any way related to occupation of deceased?
(Address) Med pure Med. If so, specify.		If so, specify
20. FILEO Oct 22 190 Samuel & Milley (Signed) C7 7 9 M. D.	20 FUED Oct 27 10 Same of Millor	(Signed) C 71 Jeory M. D.
Registrar. (Address)		(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRPATES H	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND

CERTIFICATE OF DEATH

Letke, Sr.	_Ward)	a hospital	occurred in or institu- ts NAME in- street and
MEDICAL CERTIFIC	CATEO	F DEATH	
16 DATE OF DEATH	. 8		198 /
17 I HEREBY CERTIFY, The 193/. to	at I atte	nded the de	ceased from
and that death occurred on the dat The CAUSE OF DEATH * was as fol	lows:	Salar	
Contributory Secondary			nosda.
(Signed)	F.T.L	While	M. D.
Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place	Hospita In the	ls, Institut	ions, Trans-
of death yrs mos ds. Where was disease contracted, if not et place of dea.h? Former or usual residence	State.	yrs	mosds.
19 PLACE OF BURIAL OR REMOVA		DATE OF	
John G. Crurel	eg	ADDRESS	4

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Colton mill; (a) Salesman. Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6)

Statement of Cause of Death—Name, first, the prs-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-American Medical Association.) Never report mere symptoms or terminal condicough; Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11719
1. PLACE OF DEATH County Dalto 60.	Registration Dist. No. 38
Village or City Alewylde	ND. St., Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME JOHN J. Lewin (a) Residence: No. 9// Ovan Que (Usual place of abode)	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds. St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write the word) 5a. If married, widowed for divorced	21. DATE OF DEATH (Month) 2 (Oay) 193 (Year)
HUSBANO of the late Mary Lewin	22. I HEREBY CERTIFY. That I attended deceased from Oct 14 ,193/ , to Oct 20 ,193/
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at. 8
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and specified).	ware as follows: Cardes - vaccular - Oreforthe Date of onset
SAW MILL, BANK, etc	Other Contributors, Causes of Importance:
(State or country) 13. NAME Thomas Lewin	
(State of Country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Chalith Tel 16. BIRTHPLACE (city or town) Galto (Stata or country) 17. INFORMANT Chas. E. Lewip	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION OR REMOVA (GOVAAS) Oct. 24, 19.31	Manner of injury
19. UNDERTAKER Phylip colorida (Address) 2016 Onleants at	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILEO (C) Registrar.	(Address) 22/1 Cutan Plan

If more blanks are needs, and ess State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary eugineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	000	Other contributory causes of importance:	
Gallstones	May ,1923	Gastroenteritis	1 year
100			
199			

S No. 1

0

1PLACE OF DEATH County Balling re	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 3
Village or City Tousen. (No. 9010. L	Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 0 4 31 (Month) 31 (Day) 193 (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
aug. 22 18-92	
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE If LESS that I dayhrs ormin.	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work analysis (b) General nature of industry business, or establishment in	
which employed or (employer) 9 BIRTHPLACE (State or country) Touses. U. ob	Contributory () () () () () () () () () (
10 NAME OF BENJAMING C Marley	(Signed) Clewel 1 donnel M. D.
o 11 BIRTHPLACE	0 1-31 198 / (Address) Trum M. 0
OF FATHER (State or country) Persistery . 214	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
& OF MOTHER JAMANE 16 Kniver	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) OVERN (State or Country)	ients or Recent Residents) At place of deathyrsds. In the Stateyrsds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
(Informant) Vers. aurie. R. Marly	Former or usual residence
(Address) MU-10- Lijofu Terrace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOV-4, 193/
Filed Nov 1 1924 Wil Gutte	In offect Hell & Tropus
If more blanks are needed, address tate Kegistra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Ilousewife, Ilouseen at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective cl fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "For man," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, f," etc., report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise_se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin_itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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(secondar/ or intercurrent) affection need not be st.ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of atic), "Atrophy." "Collapsc," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, American Medical Association Examples: Accidental drowning; Struck by railway train— Never report more symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is holded over thoroughly and all qu stions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
G			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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€. S. No. 1

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DIAGE OF DE	A
PLACE OF DE	$\Delta I H$
" LUCE OF DE	~

97)

STATE OF MARYLAND CERTIFICATE OF DEATH

County Baltimore	CERTIFICATE OF DEATH
Sneppard and Enoch Pratt Hos	spital Registration Dist. No.
Village or City Towson (No	Maryland St.: Ward) (If death occurred in a heapitul or institution, give its NAME irstend of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	RS MEDICAL CERTIFICATE OF DEATH
Male White Single, Widows or Divorceb (Write the word)	wer October 28 , 1921931(Month)————————————————————————————————————
September 7 ,	I HEREBY CERTIFY, That I attended the decessed from December 12, 19302 to October 28, 19312 that I last saw h im alive on October 27, 1931 192,
	ESS than ond that death occured on the date stated above, et
particular kind of work Minister (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (state or country)	Contributory Senile Psychosis Secondary (Duration) yrs de.
Yadkinville, North Carolina 10 NAME OF FATHER niel Martin 11 BIRTHPLACE OF FATHER (State or country) North Carolina 12 MAIDEN NAME	(Signed) M. D. Arthur E. Pattrell, M. D. Towson, Maryland *St.te the Discase Causing Feath, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Matheda Reese 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs 10 mos ds. 16 In the 5tyle yrs mos ds. Where was disease contracted, Moth Carolina
(Informant) Hospital Records	Former or
15 Filed Oct 21 188/ W. J. Delle	gistra Wederick of Role Tombard
If more banks are needed, addrosa State	Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more present of mine, etc. Wom-laborer. Farm laborer, Laborer—Coul mine, etc. Womworked on may form part of the second statement. Never return 'Laborer.'" 'Foreman," "Manager." 'Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: 'a' additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary framan, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a whatever, write Nonc. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The insterial (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia."; Lobar pneumonia, Bronchopneumonia ("Pneumonia.")

approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "Puerperal septionomia," "Puerperal peritonitis," etc. "Debility" ("Congenital,", "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Example: Measles (disease etc. The contributory vulnular heart Always qualify all Meastes; disease; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the cartificate is permanently filed.

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
	County Ballemore	CERTIFICATE OF DEATH
	Village or City Catourvelle (No. 118 Shife	Registration Dist. No. 30
	2FULL NAME June Tuatthews	tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	S SEX Level Color OR RACE SSINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH May 6, 1930. (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 13 19231, to 04 14 , 19231, that I last saw h A alive on 04 14 , 19231,
	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
1	B OCCUPATION (a) Trade, profession or particular kind of work	Larygeol Defletters
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsds.
	9 BIRTHPLACE (State or country) Calousulle Wed	Secondary (Duration) yrsmos,ds.
	10 NAME OF FATHER Clareuse whele	(Signed) Marshall 13 Wish M. D. Def 15 1923 (Address) Catourseelle W
	OF FATHER (State or country) Salto Task	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental Suicidal or Homicidal.
	of MOTHER Shaddis Watcher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Coltmande Mg	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
	(Informant) Tus heavy healthless (Address) Catonhulle Tread	JEANGE OF BURIAL OR REMOVAL SATE OF BURIAL 3/
	Filed 10 1931 AlSudian Pegistrai	mail Husley Bisdly
	If more banks are negled hedira trate Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are enguged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, Locomotive engineer, nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar procuronia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease American Medical Association.) approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 117	724
1. PLACE OF DEATH			
County_ Baltimore		Registration Dist. No. 43	
Village or City Perry Hall		No. Belair Road st.,	
	curred 5_yrsmo	If death occurred in a hospital or institution, give its NAME instead of street and isds. How long In U.S. if of foreign birth?yrs	number)
2. FULL NAME Mary May			
(a) Residence: No. Belair Ro) & d Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SIN OR Female White	IGLE, MARRIED, WIDOWED, DIVORCED (write the word) Married	21. DATE OF DEATH October 11th (Month)	, 193 1 (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of David May		22. I HEREBY CERTIFY That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year) March	1st, 1860	Hast saw here alive on OCT 10 193	/; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 2:15 Pm	
71 7	10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At 1		1	Oate of onset
S. Hee, profession, or particular, or particular with the same series of the same series		Carcinorn of breast	
10. Date deceased last worked at this occupation (month end year)	II. Total time (years) spent in this occupation		***
12. BIRTHPLACE (city or town) Criders (State or country) Va.		Other Contributory Causes of importance:	
13. NAME Abraham Shaver		- my carried	7
I3. NAME Abraham Shaver 14. BIRTHPLACE (city or town) Unknown	own .	Name of operation and furtiling of breset Date of	ON IEX
		What test confirmed diagnosis?	
15. MAIOEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)	1	Accident, suicide, or homicide? Date of injury Where did injury occur?	
	roeder Md.	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE,
18. BURIAL, CREMATION, OR REMOVAL	Och. 14 , 1931	Manner of injury	
19. UNDERTAKER Frederich Las (Address) 7401 Belajr Ro	alula	24. Was disease or injury in any wey related to occupation of deceased?	h
20. FILEO 10/12 ,1931 9. a.	Fut mo	(Signed) Edw Heuser	M. D.

(Address) ...

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	Example II		
The principal cause of deat of importance were as follo	h and related causes	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1031	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	160	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V DAMES	July 5,1927	Peritonitis	3 days ago
	ه د د د د د د د د د د د د د د د د د د د	1007 19 x 100 M		
	- M. P			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH ated EXACTLY, Poperly classified. Registration Dist. No. (If death occurred inWard) a hospital or institu-tion, give its NAME in-stead of street and number.) properl PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 16 DATE OF DEATH MARRIED WIDOWED OR DIVORCED (Write the word) That I attended the deceased 6 DATE OF BIRTH that (Year) that I last saw h (Month) (Day) U IIf LESS than and that death occurred on the date stated above, at 7 AGE The CAUSE OF DEATH * was as follows: I day hrs. min.? or Ľ RESERVE B OCCUPATION See (a) Trade, profession or particular kind of work efully in plai (b) General nature of industry business, or establishment in rtar which employed or (employer) Impor Secondary MARGIN 9 BIRTHPLACE (State or country) Durstion) 10 NAME OF 00 FATHER 31 O (Address) 11 BIRTHPLACE *State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER SZ (State or ountry, CAU CIT 0: 18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) OR. CCD 13 BIRTHPLACE In the At plane OF MOTHER State.....yrs.....mos... of deathyrs......mos......ds. w (State or Country Where was disease contracted, 0 0 if not at place of dea h?. 14 THE ABOVE IS TRUE TO THE HEST OF MY KNOWLEDGE of פני: Former or usual residence (0) TE OF BURIAL Every it CIANS 20 UNDERTAKER Registras If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga Syl, Balto., Lequesting V. S. No. 1.

47

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective ci fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); s. inal meningitis"); Diphtheria (avoid Pneumonia"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia")

approved by Committee on Nomenclature tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Ilaemorrhage," st_ted unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Example: Measles (disease etc. The contributory valvular heart disease;

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Registrar

Filed

REGISTERED NO (If death occurred in a hospital or institution, give its NAME instead of street and number.) (If non-resident give city or town and State) That I attended deceased from

and that death occurred, on the date stated above, at

yrs. Ly mos.

Date of. Did an operation precede death? MA

*State the Disease Causing Death, or in deaths from Violent Causes; state (i) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

BURIAL, CREMATION OR RE-

20 UNDERTAKER

REVISED UNIT DEATES STANDARD CERTIFICATE OF DEATH

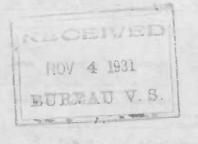
[Approved by U. S. Census and American Public Health Asso.]

receive a definite salary) may be entered as Housewife, Housework or At home, and children, not gainfully employed, as At school or At home. pation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None. account of the DISEASE CAUSING DEATH, state occuice for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on occupations of persons engaged in domestic serv Women at home, who are engaged in the duties of the household only (not paid Housekeepers who part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., ment; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form an additional line is provided for the latter state to know (a) the kind of work and also (b) the nature of the business or industry, and therefore especially industrial employments, it is necessary e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman, etc. But in many cases, without more precise specifications, as Day Laborer, Farm Laborer, Laborer—Coal Mine, etc. respective of age. For many occupations a single The question applies to each and every person, iroccupation is very important, so that the relative Care should be taken to report specifically the healthfulness of various pursuits can be known. word or term on the first line will be sufficient, Statement of Occupation .- Precise statement of as Day

Statement of Cause of Death.—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid the use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Broncho-pncumonia ("pneumonia," unqualified, is indefinite); Tuberculosis of the lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name ori-

dental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child birth or miscarriage stated unless important. Example: Measles (disease causing death), 29 ds.; Broncho-pneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anæmia," (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Condations on statement of cause of death approved cidal homicidal, or as probably such, if impossible to determine definitely. Examples: Acci under the head of "Contributory." consequences (e. g., sepsis tetanus) may be stated as "Puerperal septicemia," "Puerperal peritonigin "Cancer" is le Medical Association. by Committee on Nomenclature of the American MEANS OF INJURY and qualify as ACCIDENTAL, SUItion was undertaken. For violent deaths state tis," etc. ondary or intercurrent) affection need not be interstitial nephritis, etc. The contributory (secing cough, chronic valvular heart disease; Chronic gin "Cancer" is le defini avoid use of "Tu-mor" for malignant neoplasms); Measles; Whoop-State cause for which surgical opera-(Recommen-

Additional space for further statements by Physician



If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MARGIN

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Automobile factory. The material (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

AGE should be

stated EXACTLY. PHYSICIANS should state of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement properly classified. TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	CERTIF	FICATE	OF	DEAT	H
-------	----	-------	------	--------	--------	----	------	---

1. PLACE	OF DEAT	ГН		3/		<u>—(97)</u>		1.1	128
County Baltimore				91		Registration	Dist. No.	14	
Village or City Nhlte Narsh					No			St.,	Ward
Length o	f residence in cit	y or town where d	leeth occurred	yrsmos				E instead of street an	
2. FULL	NAME F	rederic	k Meyer	S					
		White			St.,	Ward.			
			(Usual place		1			give city or town a	Access to the second
			CAL PARTI				ERTIFICATE	OF DEATH	
Male 4. COLOR OR RACE Nhite 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Nidowed					21. DATE (ctober 2	26 th	., 193] (Year)
5a. If merried, N HUSBAND (or) WIFE	vidowed, or divo of of Virgi		n Meyers		22. Sef	HEREBY		Y_That_I_attende	
6. DATE OF Bf	RTH (month, day	, end yeer) De	c. 15,	1847		CC. alive on(26 19.3	1; deeth is said
7. AGE	Years	Months	Deys	If LESS than 1 dey,hrs.		ed on the dete state			
9 Tenda	83	10	1 11	ormin.	were es follows			os of timportones	Date of onset
	profession, or pe l of work done, VYER, BOOKKEE	es SPINNER.	Farmer		1	Don 1	7.7		
9. Industr	y or business in k wes done, as S	which	and the state of the highest control		1	rence	<u> </u>		
SAV	V MILL, BANK, e	tc							
O this	eceased last wor occupetion (mor r)	th end	sper	me (yeers) nt in this petion					
1 900)		1 0030	ipetion	Other Contribut	tory Causes of Impo	rtance:		
	E (city or town). r country)	Germany	,		10/14		1	rtione	
œ 13. NAME	Unkno				a Por	in-10/	enoses		
13. NAME	LACE (city or to					tion	7.00		
(Ste	ete or country)	Unkno	own					Wes there a	
15. MAIOER	NAME Un	known			23. If deeth was	due to externel ceu	ises (VIOLENCE) fi	ill In elso the follow	ing:
15. MAIOEI	LACE (city or to				Accident, suicid	de, or homicide?	***	Dete of injury	, 19
≥ (Ste	ete or country)	Unkno)Wn		Where did injur	ry occur?	(Specify city of	town, county and S	itate)
17. INFORMANT (Addres	Marti s) Whit	n Meyer e Marsh	n, Md.		Specify whether	r injury occurred in	INDUSTRY, in HO	OME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Ebenezer Cem. Date Oct. 29, 1931					Menner of injur	ry			
Piece	20011020	21 -	Date O O	. 19.01	Nature of injury	у			
19. UNOERTAKE	129 7 75 7	80	erran	1) ror		or injury In any w	ay related to occup	oation of deceesed?_	
(Addres	s) 1401	Belair	Road	40	If so, specify	The	let .	Marco	
20. FILEDUC	4-28,1	93/ Ju	n 5.600	Registrar.	(Signed)	ddress)	1.7900	Disco	M. D.
		//		Regintar.	" (Ad	naic22)	denography.	-4-6-4-6	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known, Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

PLACE OF DEATH	11729 STATE OF MARYLAND
Dallo	CERTIFICATE OF DEATH
County	Registration Dist. No. 42
Village or City Lausdone (No,	St.; Ward) [If death occurred a hospital or institution
2 FULL NAME	Messe give its NAME Inste
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 5
SEX COLOR OR RACE SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Yes
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fr
(Month) (Day) , 1 93	that I last saw halive on
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trado, profession, or	Still tome from
particular kind of work. (b) General nature of industry	hill alitted
business, or establishment in which employed (or employer)	deliny by (Buration) pole mose
BIRTHPLACE (State or country) B. Ot A	Contributory Man Charles Secondary Secondary
Ballo. Colled	(Ouration) yrs mos
10 NAME OF FATHER HER & M. Meyer	(Signed) Signed
11 BIRTY PLACE OF FOTHER (State or country) 12 MAIDEN NAME OF MOTHER CONTROL 13 MAIDEN NAME OF MOTHER CONTROL 14 MAIDEN NAME OF MOTHER CONTROL 15 MAIDEN NAME OF MOTHER CONTROL 16 MAIDEN NAME OF MOTHER CONTROL 17 MAIDEN NAME OF MOTHER CONTROL 18 MAIDEN NAME OF MOTHER CONTROL CONTR	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Journal 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
of MOTHER alsine Holme	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIE
13 BIRTHPLACE SOF MOTHER	OR RECENT RESIDENTS) Al place in the
(State or country)	of deathyrsmosds. State,yrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLETTE	If not at place of death?
(Informant) The Meyer	Former or usual residence
(Address) Landon Ing	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Onto 83. Pl M. 11	Westinged by fair
WXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	20 UNDERTAKER // KOORESS

.m.

.. ds.



Approved by Il S. Census and American Public rhealth Association.

cian, Compositor, Architect, Locomotive engineer Civil engineer, Stationary freman, etc. But in many wases, state occupation at beginning of illness. employed, as At school or At home tare should be business, that fact may be indicated thus Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Lay labores Farm labores, Labores mili; (a) Salesman. b) throcory (a) Horeman, only when needed. As examples: (a) Springer (b) Solton is provided for the tarter statement it should be used business or industry, and therefore an additional one know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to arst line will be sufficient, e. g., Parmer or Planter, Physizens of various pursuits can be known. The question tion is very important, so that the relative healthful-"Forepout, if the second statement. nobile Jactory For many exampations a single word or term on the applies to each and every person, arrespective of age -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever Manager, the material worked in may form pairt Women at home who are cogaged in " Deader Never relain Jahan elf. if ictired from Althour weath Auto-

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Epidemic hine and causation), using always the same accorded CAUSING DEATH (the Jaimary affection with respect to unqualifier is indefinite) Tuberculous i Lobar prominia Bronchopneumonia term for the same disease. "yphoid fever Statement of Cause of Beath Name, Arts. In never report 'Typhoid Examples gmoundand (arebrospinal -"Pncurionia.) -dappers

> яряе, mode. The nature of the mjury as fracture of skull ucad-homicide; Poisoned by carbolic acid-probably o determine definitely Examples Accidental transming state MEANS OF THIORY and quality as ACCIDENTAL, surgical operation was undertaken for violent meaters symptoms of terminal conditions, such as "Asthenia, Example. Measles (disease causing death), 29 ds.; Broncent) affection need not be stated unless important. asphritis, etc. ough; Chronic valoular heart disease; Chronic intensifial "Tumor" for malignant neoplasms); Measles, Whooping name origin; "Cancer" is less definite; avoid use of in Nomenclature of the American Medical Association) in statement of cause of death approved by Committee under the head of "Contributory and consequences (e. g., sepsus, telanus) roay be stated 'Anweinia PHERPERAL perilonius, " was to when a definite disease and he assertance as the Heart failure, "Hacmorthage has," 'Old Age," 'Shock' hopneumonia (secondary), 10 ds in miscaringe as 'Production sephichaema," by railway train-accident, Kenolver always quality all diseases a sulting from child-"coma," "Semile," otc.), "Drops) unerely symptomatic), Attopus, ("Con-The contributory (secondary or intereur-Draems, State Pause to, which пожитеру. Never report mere (Recommendations " Wealthess, Exhaustion, Manas premon

nons inswered in detail, it will prevent further correspond be the criffcate is looked over moroughly and of quee principle is permanently filed all the data is essential and anet be obtained before

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-ARGIN RESERVED FOR BINDING

PHYSICIANS should state

stated ENACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINEY

of OCCUPA.

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 11730

1. PLACE	OF DEATH		93		1317
County Baltimore				Registration Dist. No. 4	B
Village o	or City Ovenlea			No. 12 Madeline ave St, f death occurred in a hospital or institution, give its NAME instead of street and	
Length of	residence in city or town where	e death occurred		sds. How long in U.S. if of foreign birth?rrsr	
2. FULL N	NAME George	Miller			
	dence: No. 12 Made		.Overlea	St. Ward.	
		(Usual place	of abode)	If nonsesident give city or town an	d State
3. SEX	ONAL AND STATIST		RIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Male	White -	OR DIVORCE	(write the word)	Oct 30th, (Day)	., 193] (Year)
HUSBAND (or) WIFE o		ne millo	r	22. Oct 25 CL 193/ to CT 30	
6. DATE OF BIR	TH (month, day, and year)	arch 13.	1840	I last saw h alive on Oct 30ct 193	
7. AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, at	
	91 77	6	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	Date of onset
SAW Saw Saw Saw Saw Saw	rofession, or perticular of work done, as SPINNER, YER, BOOKKEEPER, etc or business in which was done, as SILK MILL, MILL, BANK, etc	Coach Ma		Gent arterio Schemo	1920
Of h this o	ceesed last worked at occupation (month and		me (years) It in this pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (State or	country) Germ			Cheoner myrewidelis	1620
13. NAME	Unknow	•		encon regionalities	1-7-61
	ACE (city or town)	many		Name of operation Date of What test confirmed diagnosis? Segus Synthewas there an	L
15. MAIDEN	NAME Unknown			23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN 16. BIRTHPL (Stet	ACE (clly or town) Unkn e or country) - U	own nknown		Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT (Address)	Mrs. Cabbe	rine L.	Sheeler	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) 12 Madeline Ave. 18. BURIAL, CREMATION, OR REMOVAL Place Foster Cometery Date Nov. 2, 1931			2. 1937	Manner of Injury	
19. UNDERTAKER Fullerish Lassehurlan (Address) 7401 Belair Road				Neture of Injury 24. Wes disease or injury In any way related to occupation of deceased?	ns
20. FILED	11.1. 1931 9	a tru	J MD Registrar.	(Signed) Elust Bluson (Address)	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BULEAU V.B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Baltemon	Registration Dist. Np.
Village or City Batonserllo Afring (1)	death occurred in a hospital or institution, have its NAME instead of street and number) ds. How long In U. S. if of foreign birth? yrs. mos, ds.
2. FULL NAME John Cludren mill	er Brach. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or givorced HUSBAND of (or) WIFE of ASSLURE Mills	22. I HEREBY CERTIFY, That I ettended deceased from 1927, to 0 2 2 5 19 3 /
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days LESS than 1 day,hrs.	to have occurred on the date stated above, at HA m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	were as follows: Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and spant in this occupation occupation occupation occupation	Carthal Substram Row
12. BIRTHPLACE (city or town) (State or country) 21 13. NAME 21 13. NAME	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) (State or country)	Name of operation
16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT John A: meller Jons (Address) 1636 21. Washington 2.	Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Galto bem Date Get 27, 1931	Manner of Injury
19. UNDERTAKER Philip Herwig (Address) 2016 Orleans	24. Was disease or injury in any way related to occupation of deceased? No. If so, specify (Signed) M. D.
20. FILED 193 Registrar. If more blanks are golden dearess state Keststrar.	(Address) Catensulle Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
2				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND-CERTIFICATE OF DEATH

11732

	Registration Dist. No. St., Ward in a horpital or institution, give its NAME instead of street and number) How long to U.S. if of foreign birth?
Length of rasidance in city or town where death occurred yrs mos ds.	in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurred yrsmosds.	
7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	mull,
0 / 10	
(a) Residence: No. St., (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, 21. DATE	OF DEATH ///
OR DIVORCED (write tha ford)	401 [6 ,193.31
5a. If married, wildowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That attended deceased from
	10 (10 19 3)
or Dista of Biskin (month, day, one year)	eliva on
	irrad on the date stated abova, atm.
ormin, ware as follows	PAL CAUSE OF DEATH end ralated causes of importance ows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Date of Office
SAWYER, BDDKKEEPER, etc.	heerina 4-59
9. Industry or businass in which work wes done, as SILK MILL.	Still purioland
work wes done, as SILK MILL, SAW MILL, BANK, atc	m: Straftococcus Vinedonas
this occupation (month and / 43 / spant in this /) Cause	of sefficencie ? not known.
	ibutory Causes of Importance:
12. BIRTHPLACE (city or town) Point	of antrance of infection undetermened
(State er country) McG	D cw\$62.
13. NAME Edward Miller	
13. NAME Zohroud Muller 14. BIRTHPLACE (city or town) Man of open	eration Data of
(Stata or country) Mary Janes What test cou	onfirmad diagnosis? Was thera an autopsy?
15. MAIDEN NAME Lyla KRESS 23 If death w	vas due to external causes (VIOLENCE) fill in also the following:
Zo. ii decti wa	
16. BIRTHPLACE (city or town) (Stete ar country)	icida, or homicide?, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
1 0 1 5 be	njury occur?(Specify city or town, county and State)
17. INFORMANT Spacify whet (Address)	thar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Manner of in	niury
Place MA Clare Data Oct 1991 1931 Nature of inj	
19. UNDERTAKER Vallence Cerp 24. Was diseed	esa or Injury in any way related to occupation of deceased?
(Address) Paul & Prishon Ball If so, spacify	YQ TAA
20. FILED acx 17 193/ EE Michael (Signad)	None S. Marley M.D.
	(Addrass) Raugallelown Ma

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Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gariones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

PHYSICIANS should state

properly classified. Exact statement of OCCUPA-

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	OF DEATH			(3)	4 4	
	Baltimore			Registi	ration Dist. No. 44	
Village or Length of re	City Jones Cre	ek	(lí yrs,mos	No. Gois Ave. f death occurred in a hospital or institution, give its ds. How long in U.S. if of foreign bin	NAME instead of street and	Ward number)
2. FULL NA	ME STILLBO	RN MILLS				
(a) Reside	ence: No.	(Usual place of	abode)	St.,Ward	resident give city or town an	d State
	NAL AND STATIST			MEDICAL CERTIFIC		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	IED, WIDOWED, (write tha word)	21. DATE OF DEATH	OCTOBER 18	, 193 <u>1</u>
5a. If married, wido HUSBAND of (or) WIFE of	wad, or divorced	75		22. I HEREBY CER	TIFY, That I attended	
7. AGE Ye 8. Trade, profind of SAWYE 9. Industry or work w SAW M 10. Data decease this occ	ears Months STILLBORN fession, or particular work done, as SPINNER, R, BOOKKEPER, etc. business in which ras dona, as SILK MILL, ILL, BANK, etc.	Days Days 11. Total times spent occup	If LESS than 1 day,hrs. ormin.	I last saw h aliva on to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and refat wera as follows:		Data of onset
12. BIRTHPLACE (C	city or town)	•				
	Vernon H.	Mills ginia		Name of operation	Date of	
15. MAIDEN N	AME Ellen Bl			What test confirmed diagnosis? 23. If death was due to external causes (VIOLE Accident, suicide, or homicide?	NCE) fill in also the following	ng:
17. INFORMANT/. (Address)	Ellen B	mille)	Specify whether injury occurred in INDUSTRY	r cily or town, county and St Y, in HOME, or in PUBLIC P	LACE.
Place Qu	rtion, of REMOVAL	mose Hop	Kingg.	Manner of injury		
19. UNDERTAKER (Address)	materical Bal	Labores	ورم	24. Was disease or injury in any way related to	occupation of deceased?	y
20. FILED NOY	12,1931 91	Mylan	jenho	(Signed) (Address) (Address)	ous Por	M. D.
	If more	blanks are needed, ad	dress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.	S. No. 1.	, very

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(A)	10	\-	
1000	Jills.		
Other contributory causes of importance:	0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
10 T	1		

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH 1000 plnods Baltimome County PHYSICIANS (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Days If LESS than properl stated 1 day, _____hrs. or min. 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc..... pe JO back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... plnous may 1D. Date deceased last worked at this occupation (month end uo 11. Total time (years) spent in this that occupation ... instructions 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) be carefully MOTHER important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? Hospital Records istory mation should very 17. INFÖRMANELDOWO OF Manner of injury CAUSE TION Nature of injury if so, specify Registrar.

Registration Dist. No. NDNo. St., eath occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?__ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Month) (Year) ERTIFY_That I attended deceased from to have occurred on the date stated above, at_ The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, sulcide, or homicide?_______ Date of injury ______ 19_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. 24. Was disease or injury In any way related to occupation of deceased San. owson.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

FOR ARGIN RESERVED

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 10 1	1		100	
Other contributory causes of importance:		Other contributory causes of importance:		
Vallstones	Moy 1,1923	Gastroenteritis	1 year	
		Assessment with the second		

BINDING

MARGIN RESERVED FOR

V. S. No. 1

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact CORD WATE PLACY, WITH UNFADING INK-THIS IS A PERMANEN

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Metalling to	Registration Dist. No.
ate.	Village or City Sellous Mo.	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
11110	2FULL NAME JOURNA Mulliney) Mullimany number.)
cel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WILDOWS OR ON OR COLOR OF WILD WILD WILD WILD WILD WILD WILD WILD	16 DATE OF DEATH 29, 1923/ (Month) (Day) (Year)
no su	6 DATE OF BIRTH July 24, 1899	17 I HEREBY CERTIFY, That I attended the deceased from 1981 to 74 79 , 1981, that I last saw h Malive on 75 79 , 1981,
ction	7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
Stru	7 2 3 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
See in	8 OCCUPATION (a) Trade, profession or particular kind of work	Chronic Instructed replietes
tant.	(b) General nature of industry business, or establishment in which employed or (employer)	Duration) LOyrs. mos. ds.
impo	9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)
Very	10 NAME OF BUILDING	(Signed) The Weholas S. Boxelli M. D.
S 18	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
- A	of Mother Mulaurun	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
200	13 BIRTHPLACE OF MOTHER (State or Country)	At place in the of death
10	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
nent	(Informati) horres N. Juffilh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ate	(Address) (alvusull Mid.	St. Johns Cem, Nov. 2). 19 31
S	Filed 10/31 19 All Registrar	Laston Sono Ellean Cit
	If more blanks are needed, address State Registrate	, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, er," etc., without more province, etc. Wom-laborer, Farm laborer, Laborer—Coul mine, etc. Womadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) (b) Automobile factory. The material Architect, Locomotive engineer, Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of stated unless important. Example: Measles (disease approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, "(Exhaustion," "Heart failure, "Shock," "Shock," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

4

PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING N. B.—WRITE PLAINEY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11736
1. PLACE OF DEATH	53)
County Ballinos	Registration Dist. No. 4
Village or City Sany Mann	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign hirth?
	as.
2. FULL NAME Micacah Mullin	S
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SHOOLE, MARRIED, WIDOWED, OR DIVORCED (aurite the word) Control of the control of th	21. DATE OF DEATH (Month) (Day) (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Elyptale 7. Jones Mullins.	22. JUHEREBY CERTIFY. That I attended decessed from 1931, to Out 4 1931
6. DATE OF BIRTH (month, dey, end yeer)	Hest sew h. 1931; death is seld
7. AGE Yeers Months VDeys If LESS then 1 dey,	to heve occurred on the date stated chove, et
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or husiness in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupetion (month and year) year) 11. Total time (years) spant in this occupation	Sarcoma (multiple) 3/7/1931 Infutaments of arms legs: face and abdomen
12. BIRTHPLACE (city or town) Certification (State or country)	Other Contributory Causes of importance:
13. HAME Cockson Mullius 14. BIRTHPLACE (city or town) (State or country)	Neme of operation Date of What test confirmed diagnosis? What was there an autopsy? My
15. MAIDEN NAME Colored Tully 16. BIRTHPLACE (city or town) (Stete er country)	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT W? S. Heinen (Address) Gray Manor	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMANON, OB REMOVAL Place Description Dete Det 5, 19 3 !	Menner of injury
19. UNDERTAKER And Wellrich (Address) 2008 Arleaus	24. Wes disease or injury in any wey releted to occupation of deceased? 200
20. FILEO 194/3/19 Demlearence	(Signed) M. D. (Address) 2 Kously Rd. Sumdalle In
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gownes	May 1,1923	Gastroenteritis	1 year

	-	O	9
	INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, I	be carefully supplied. AGE should be stated EXACTLY. PHYSIC	EATH in plain terms, so that it may be properly classified. Exact state
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STATE OF MARYLAND—CERTIFICATE OF DEATH 11737

A PLACE O	PEATH			(131)			
County	Baltimore			March Waller	Registration	Dist. No. 3	2
Village or (city Randalls	town, Md.		No		St:,-	Ward
t enoth of res	idence in city or town where d	eath occurred		death occurred in a hospital o		IE instead of street at	nd number)
			yi3inos	. us. now long in o	.S.n or loreign bilting	yrs	.mos as.
	ME Albert		•				
(a) Resider	nce: No. Randal:	Usual place		St., Ward.	If nonresiden	t give city or lown	and State
PERSON	NAL AND STATISTI			MEDICA	AL CERTIFICATE		
3. SEX	4. COLOR OR RACE		RRIED, WIDOWED,	21. DATE OF DEA	TH		
Male	White	Single	D (write the word)	Octol	ber (Month)	25,	, 193]
5a. If married, widow HUSBAND of (or) WIFE of				N .	EBY CERTIF	Y. That I attend	
				February 9,			
7. AGE Yes	(month, day, and yeer) Septers Months	tember 1:	3 1857 If LESS than	to have occurred on the da			≜; death is said
	months		1 dey, hrs.	The PRINCIPAL CAUSE O			
72	ssion or particular	12	l ormin.	were es follows:			Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Packer 9. Industry or business in which			Chronic Myocarditis Feb/30				
	s done, as SILK MILL, LL, BANK, etc			Nephritis Feb/30			
11 10 Data dacase	ed last worked at patien (month and , 1931	11. Total 1 spa oc:	time (years) Intin this Life				
12. BIRTHPLACE (ci	ty or town) Baltin	mora, Mar	yland	Other Coutributory Causes	***************************************		
1	Thomas J.M	u a r			one		
I				Neme ef operation			
	(city or town)Mary	Lanu		What test confirmed diagno			
15. MAIOEN NA	ME Elizabeth	Shriver		23. If death was due to exter			
	(city er town) Carro			Accident, suicide, or homici	ide?		
	Anna T.My		t and	Specify whether injury occu	(Specify city or	r town, county and S OME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMAT				Manner of injury			
	Henry W.Jenkin MeCulloh and O			24. Was disease or Injury in			
20, FILED ALC	126,1931 DN	6.6.1	nichale) Registrar.	(Signed)	E. Milher Pelles ve	ele mu	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis NOV 3 1931	1921	Run over by street car	1 week ogo	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUELFAU V.S.				
	-i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

MARGIN

Very 8 CAUSE of information Every item of inform CIANS should state statement of OCCUP.

DEAT should I

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PLACE OF DEATH PERSONAL AND STATISTICAL 5 SINGLE, MARRIED, 3 SEX 4 COLOR OR RACE WIDOWED. (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) If LESS than 7 AGE I day hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME MOTHER 13 BIRTHPLACE OF MOTHER (State or country OF MY KNOWLEDGE (Informant)

STATE OF MARYLAND

St.: Ward)

CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-

clos	stead of street a number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	23 1987
(Month)	(Day)(Year)_
17 I HEREBY CERTIFY, That I :	trended the deceased from 192
that I last saw hM alive on	1925
and that death occured on the date state	ed above, at 12 479
The CAUSE OF DEATH * was as follows:	
, · · · · · · · · · · ·	
fushers) to	~~
////	***************************************
(Duration)	yrs
Contributory Olcohot Secondary	
(Signed) (Address) (Address)	Marks Ing
*State the Disrase Causing Dear Violent Caus s, state (1) Means of Accidental, Suicidal or Homicidal.	th or, in deaths from injury and (2) whether
18 LENGTH OF RESIDENCE (For Hosients or Recent Residents)	spitals, Institutions, Tra
At place In g of deathyrsmosds.	the tateyrsmos
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Harifad Cemelegy	Wef 29 , 193/
20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Feal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: 'c additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housecases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer-(reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer—Coal mine, etc. Wom-nome, who are engaged in the duties of the without more precise specification as Doy For persons who have no occupation otton mill; (a) Salesman. (b) Grovery.
(b) Automobile factory. The material Locomotive engineer.

Stitement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebraspinal fever (the only definite synchym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); "iphoid fever (never report "Typhoid Pneumonia"); abar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms). Monston unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway train and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury Whooping cough; Chronic vulnular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on "Atrophy," "Collapse," "Coma," "Convulsions," or intercurrent) affection need not be ss important. Example: Measles (disease Nomenclature of the ctc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. Ithe data is essential and must be obtained before the certificate is permanently filed.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken whatever, write None. to report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laharer, (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womperson, irrespective of (irocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros Indifferer (the only definite synonym is "Epidemic cerebros inal meningitis"); Diphtheria (avoid use of "Croun"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinomu, Sarconu,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) use of "Tumor" for malignant neoplasus); "PUERPERAL septicacmia," "PUERPERAL perilonitis," ctc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondar; Chronic interstitial nephrilis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as Whooping approved by Committee on Nomenclature of the (Recommendations on statement of cause of death ldumus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic affection need not be etc. valuntar The contributory heart Moustes; discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more banks are needed, address Ltate Registra

(If death occurred in

deaths from

State

a hospital or institu-tion, give its NAME insteed of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, to know (a) the kind of work and also (b) the For many occupations a single word or term on ç yrs). Farm laborer, Laborer-Coal minc, etc. Wom-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation

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ORP Every item of I CIANS should Exact statement of

HEALTH DEPARTMENT-CITY OF BALTIMORE

741 í

4.

CERTIFICAT	E OF DEATH
1. PLACE OF DEATH.	(131) Registered No.
CITY OF BALTIMORE: No. Rogers Longe -	York Rd. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurredyrs	hosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Francis (a) Residence: To Rogers Forge - 3	OHORA Sr.
(Usual place of abode)	(If non-resident give city or town and State)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 Color or Race 5. Single, Married, Widowed, or Diverced (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (month, day, year) Oct 30 , 193/ 22. A HEREBY CERTIFY, That I attended deceased from 193/ , to Oct 30 , 193/
(or) WIFE of Barah 8. Office	I last saw hall alive on let 30 , 193/. death is said
6. DATE OF BIRTH (month, day, year) \$15\$\frac{1}{25}, 1867\$ 7. AGE 64 Years Months Bays If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 45 7.m. The principal cause of death and related causes of importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as spinner, Relevel 9. Industry or business in which work was done, as sitk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	Other contributory causes of importance: 3/7/24
12. BIRTHPLACE (city or town) Baltungs (State or country)	Curvine Alphretis - Butation
18. NAME Agues 7. 8 Hara 14. BIRTHPLACE (city or town (State or country)	Name of operation
15. MAIDEN NAME 2	23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT James 4. O Nava () (ASSTESS) 3489 E Samoul Rd.	Specify whether injury occurred in industry, in home, or in public place. Manner of injury
Place Date Nov. 4 31	Nature of injury
19. UNDERTAKER MANUE TOKOGE SOUS (Address) 827 W. Week Week.	deceased? MU If so, specify The Comments of th
20. FILED 17 3 , 193/ A Registrer	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related Date of onset The principal cause of death and related Date of onset causes of importance were as follows: causes of importance were as follows: Arteriosclerosis Attack of epilepsy 1 week ago 1915 Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis 3 days ago July 5, 1927 Other contributory causes of importance: Other contributory causes of importance: May 1, 1923 Gastroenteritis Gallstones 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	The state of the s

HEALTH DEPARTMENT-CITY OF BALTIMORE

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	1.

II Every item of HYSICIANS should Exact statement of

WRITE PLAINL WITH FADING INK—THIS IS A PERMANENT RE information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified.

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ARGIN RESERVED FOR BINDING

	CERTIFICAT	E OF DEATH	5.
	1. PLACE OF DEATH. But Catousville Int Rich are	Registe	ered No. 50
		10	nospital or institution, e its NAME instead street and number.)
	Length of residence in city or town where death occurred yrs. 3	mosds. How long in U.S. If of foreign hirt	h?ds.
	2. FULL NAME HOVE & HOG ON	erlou	
	(a) Residence: No23 Rich An (Usual place of abode)	St., Ward. (If non-resident give cit;	y or town and State)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
ate.	3. SEX 4 Color or Race 5. Single, Married, Widowed, or Divorced (write the word)	21. DATE OF DEATH (month, day, year)	
cinc	5a. If married, widowed, or divorced	ary 5 , 1931, to 0	
cer	HUSBAND of Clifton Overlon	I last any her alive on Oex 70	1
0	6. DATE OF BIRTH (month, day, year) apr 14 1907	to have occurred on the date stated above, a	t 2. 15 m.
ack	7. AGE Years Months Days If LESS than	The principal cause of death and related c importance were as follows:	auses of Date of onset
Q L	24 7 5 aay,hrs.		·y
0	8. Trade, profession, or particular	alule meumoures ne	thesis day 12:31
1101	kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which		
ruc	work was done, as silk mill, / Journey [4]	***************************************	***************************************
e inst	10. Date deceased last worked at this occupation (month and year)	Other contributory canses of importance:	
Z.	12. BIRTHPLACE (city or town) (State or country)// Whamplu 65 Va		***************************************
rtant.	13. NAME James Holt	Name of operation home	Data of
np0	14. BIRTHPLACE (city of town) (State or country) (State or country)	What test confirmed diagnosis? Home Was	there an autopsy?
ry in	(State or country) My Charaptan Co. Va	23. If death was due to external causes (vi	The state of the s
IS V	16. BIRTHPLACE (city, or town)	Accident, suicide, or homicide?Date	
ON	17. INFORMANT Mellie Half	Specify whether injury occurred in industry	n, county, and State) r, in home, or in public
ALL	(Address) 23 Rech ary Cotonsville	place,	*************************************
UP	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
S	Place Machipongo Va Date Oct 24, 1931	Nature of injury	
0	19. UNDERTAKER Mrs Katie, R. Williams	24. Was disease or injury in any way redeceased?	lated to occupation of
	(Address) 322 N. Schrocher St.	tel med	ac
	20. FILED 18 Registrar.	(Signed) (Address) / 26 Drived	Will.
	negistrar.	(Audiess)/-fX	-1-00-00-000-00-00-00-00-00-00-00-00-00-

20

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business avoid the use of such general terms as "store," factory," "mill," etc. State the

particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries.

Examples:

Example 1	6	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
J			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
			1
		V	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1.

ciassifled. Exact should be stated EXACTLY of certificate. properly UNFADING INK---THIS IS A PERMANEN MARGIN RESERVED FOR BINDING Every item of information should be carefully supplied ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See Instructions on back of

		1114
/	PLACE OF DEATH	
(County Balto.	82-0
Vill	age or City Reisters turn (No.	
	2 FULL NAME Francis Olander	0
	PERSONAL AND STATISTICAL PARTICULARS	
3 S	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO OR DIVORCED (Write the word)	16 DATI
B D	ate of Birth Oct - 2P , 1931	Cera-
	(Month) (Day) (Year)	and tha
7 A		
(to proper to the proper to th	a) Trade, profession or articular kind of work. a) General nature of industry usiness, or establishment in which employed or (employer). BIRTHPLACE (State or country) 10 NAME OF FATHER Philip Rustiner Ourgo 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER MARY Range Chorate.	(Signed). Viole Accio
	13 BIRTHPLACE OF MOTHER (State or country) Rue was torus	At place of death Where w
14	(Informant) Reis tra turn (Address) Reis tra turn	if not a Former cusual res

STATE OF MARYLAND CERTIFICATE OF DEATH

Ward)
(If death occurred ima hospital or institution, give its NAME instead of street and number.)

Owings	stead of street and number.)
MEDICAL CERTIFICA	ATE OF DEATH
***************************************	9 , 192/ (Day) (Year)
	at I attended the deceased from Act 9 1923 (
The CAUSE OF DEATH * was as follow	
Control	Jamessleye
Secondary	Joleman y da.
(Signed) 9, 72, Card	mos de. de.
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, in deaths from of injury and (2) whether
18 LENGTH OF RESIDENCE (For	Hospitals, Institutions, Trans-
At place of death yrs	In the Stateyrsmosds.
Where was disease contracted, if not at place of death?	
Former or usual residence.	
In PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

83

Oct 10

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning cfillness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Innager," 'Dealcases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g. Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation Architect,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> "Uraemia," "Wcakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sensis, tetanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved by Committee on carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstital nephritis, use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease etc. The contributory affection need not be valvular heart disease; Nomenclature

If this certificate is looked over thoroughly and all questions answered in devail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

CORD

BINDING

MARGIN RESERVED FOR

TH UNFADING INK-THIS

STATE OF MARYLAND

set act	PLACE OF DEATH	STATE OF MARYLAND
EX	County Balto:	CERTIFICATE OF DEATH
Y. fled	0	Registration Dist. No. 44
CTI SSi	Village or City Cesset (No	sey Cook St: Ward) (If death occurred in a hospital or institu-
rly cla	2FULL NAME Charlotte ada	tion, give its NAME in- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
id be st	Jamale A COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Deft 29, 193/ (Month) (Day) (Year)
E shoul	6 DATE OF BIRTH Jet 1 1884 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Oct 29 192/, to Oct 29 , 192/, that I last saw herealive on Oct 29 , 192/,
AC th	7 AGE If LESS than	and that death occurred on the date stated above, at 11. 20 fl. m.
ms son		The CAUSE OF DEATH * was as follows:
supr in ter See i	8 OCCUPATION (a) Trade, profession or particular kind of work	Corebral Hemonthage
pla pla	(b) General nature of industry business, or establishment in	(Duration) vis mos ds.
Carel TH in	9 BIRTHPLACE (State or country) Balto. 2nd	Contributory Secondary
d be DEA	10 NAME OF	(Durstion)
CF CF S vel	FATHER John Herzog	(Signed) M. D. (Address) 9 24 hd
AUSE ION IS	OF FATHER Z (State or country) Germany	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mat e C	of Mother Colize Glace	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
sho	(Informant) Thomas L. Pearce	Former or usual residence
ANS	(Address) Llorsey av. Essex.	Schwarts's Com. Och. 31, 1931
BEv	Filed Och, 31 1981 John & Connelly Registrary	20 UNDERTAKER ADDRESS Shin G. Connelly Essex
z	If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	90
County Sallimore	Registration Dist. No. 44
Village or City Bengies	NoSt, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
El. OH PFO	
2. FULL NAME Chapter Jerrof	
(a) Residence: No. (Yww.) Villa (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Fernale Uhile Sa. If married, widowed, or divorced	21. DATE OF DEATH October 16 193/ (Year)
HUSBAND of Or Frank Petrof	22. I HEREBY CERTIFY, That I attended deceased from ,19 ,19 ,19
6. DATE OF BIRTH (month, day, and year) Rovember 6 - 1855 7. AGE Yaars Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Howards work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Wiema (State or country) 13. NAME Unknown 14. BIRTHPLACE (city or town) (State or country)	I last saw h alive on , 19 ; death is said to have occurred on the data stated above, at
15. MAIDEN NAME Unknown	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Bertha Edwards (Address) 18. BIRTHPLACE (city or town) Construction Constru	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
19. UNDERTAKER Fred. Lassahn & Don (Address) 7 + 0 (Belair Rd) 20. FILED Oct. 16, 19 3 / John S. Cornelly Registrar.	Nature of injury 24. Was disease er injury in any way related to occupation of deceased? If so, specify (Signed) Jacob Hallmann Coroner M. D. (Adtress) Hammers Rum
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Hxample I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
The state of the s	July 5, 1927	Peritonitis	3 days ago
	Name of the last o		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—Every Item of Information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING TH UNFADING INK--THIS IS A PERMAN MARGIN RESERVED FOR NLY, WRITE PL

30

PLACE OF DEATH County, Town as Ballo Co	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Toursy (No	Registration Dist. No. St.: Ward) A hospital or institution, give its NAME is stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH Usualist 5
(Month) (Day) (Year)	that I last saw her alive on "Myler 4 , 193/
7 AGE If LESS than I day hrs. mos. M ds. or min.?	and that death occurred on the date stated above, at 4 &. m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Duration) yrs, 4 mos de
9 BIRTHPLACE (State or country) Town Mod	Contributory Secondary (Duration) yrs, mos / d. ds
10 NAME OF Garge W. Pilow	(Signed) a M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME TO THE STATE OF THE STATE	*State the Lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME SENTIN	At place / yrs
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of deah? Former or usual residence Salawan an Tomons
(Address) 3939 Conterbury Ro	Presh Cerro Torons at 6, 193
Filed Caf 6- 190/ Thu Coultes Dep Registras	Loting Burn four Torrant.
If more b.anks are needed, addre.s tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. ho. 1.

NOV 9 1931 BUREAU V. S. MARGIN RESERVED FOR BINDING

Registration Dis	ne Ca	County Ballinio
No.		Village or City Roseda
ath occurred in a hospital or institution, give its NAME in Lads. How long in U.S. if of foreign birth?	(II	Length of residence In city or town where
Paste	weath occurred yrs	. 87
St., Ward.	L. SUSSIT	2. FULL NAME
If nonresident give	(Usual place of abode)	(a) Residence: No.
MEDICAL CERTIFICATE C	ICAL PARTICULARS	PERSONAL AND STATIST
1. DATE OF DEATH (Month)	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	Male White
HEREBY CERTIFY.		e. If married, widowed, or divorced HUSBAND of (or) WIFE of
l last saw how alive on dead Oc	ect 15-1931	DATE OF BIRTH (month, day, end yeer)
to have occurred on the date stated above, et. ()	Days If LESS than 1 day,	AGE Yeers Months
J. A.		8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.
Thell Donn		9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
	11. Total time (yeers) spent in this occupation	10. Dato deceased last worked at this occupation (month end year)
Other Contributory Causes of importance:		2. BIRTHPLACE (city or town)
Quemia	A.	(State or country)
	oster fr	13. NAME Howard Fr
Name of operation	nes	14. BIRTHPLACE (city or town)(State or country)
3. If death wes due to externel causes (VIDL ENCE) fill in	A hremaker	15. MAIDEN NAME Ida M
Accident, suicide, or homicide? Date		16. BIRTHPLACE (city or town)
Where did injury occur? (Specify city or tow	md	(State or country)
Specify whether injury occurred in INDUSTRY, in HOME	le oster fr	7. INFORMANT Code d
Manner of Injury		8. BURIAL, CREMATION, OR REMOVAL
Nature of injury	Date 9 15 19 3.1.	Place John Kaf Rice he
4. Was disease or Injury in any way related to occupation	buch	9. UNDERTAKER John Coll
(Signed) Allico	15 + 10 (1)	(Address) 8008 Anlga
(-0.00)	(1 D. h W t)	0. FILED 10 1901 10

tion Dist. No. 43. St., Ward ident give city or town and State ATE OF DEATH IFY, That I attended deceased from Oct 15 1931; death is said 0 9 m. causes of importance Date of onset Date of 200 Was there an auropsy? - 20-CE) fill in also the following: Date of Injury 200 , 19 ity or town, county and State) in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ARGIN RESERVED FOR BINDING

V. S. Mo. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11748
1. PLACE OF DEATH	31
county Salteniors	Registration Dist, No.
Village or City Catonsialle Effer	if death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rosidenca in city or town where death occurred	
2. FULL NAME Many Patter	1609 Hilmor St.
(a) Residence: No. Aprento Grove Hesp	with Ward. Baltimore Mil
	formule If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wyire the word)	21. DATE OF DEATH October (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Porter	22. I HEREBY CERTIFY. That I attanded deceased from
m. 2.121	I last saw he alive on 5 4 , 19 3/; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 9 Pro-ni.
62 4 15 1day,hrs	
8 Trada profession or particular	Wala as follows. Oate of onset
kind of work done, as SPINNER, AMPERICAL SAWYER, BOOKKEEPER, etc.	- A
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at 11. Total tima (waars)	Metral month ciency 1 yx
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and yaar) yaar) 11. Total tima (yaars) spent in this occupation	
Boot .	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) (State or country)	101 00 10 1 - 6m
13. NAME DR. Africa	- Mulliphret to
13. NAME Share Sha	Name of operation Tune Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Holon Fair	23. If death was due to external causes (VIOLENCE) fill in also the following: 21
15. MAIOEN NAME Hollow Fair 16. BIRTHPLACE (city or town) Daltinary (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country) 2nd	Where did injury occur?
17, INFORMANT HOENRY A Soften	(Specify city or town, county and State) Specify whathar injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place James Jen Olaska 183	- Natura of injury
19. UNOERTAKER O - Trope Grand	24. Was disaase or injury in any way related to occupation of deceasad? 20.
(Address) Juny Jun Alalo Any	If so, specify
121 - 511	(Signed) Post - 2- garrett M. D
20. FILEO 19. 19. 19. Registrar.	(Address) Catonsyll md

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones Gallstones	May Eross	Gastrocnteritis	1 year
ADDITIONAL SPACE E	OR FURTH	ER STATEMENTS BY PHYSICIAN	

Every item of infor-PHYSICKANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 11749
	30
County Daltemore	Registration Dist. No.
	No two states the St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Komas & Reed	
(a) Residence: No. 1009 W. London (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Normale 1. COLOR OR RACE OR DIVORCED (write the word) Luchane	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Chelate, Eva b. Reed,.	22. I HEREBY CERTIFY. That I attended deceased from
00.100	July 23, 1931, to Oct 24, 1931
6. DATE OF BIRTH (month, day, and year) Sully 57185 2	I last saw h alive on OCF 150, 1931; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 7m.
79 3 /9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Date of office
9. Industry or business in which work was done, as SILK MILL.	Chr Myseasditio 3 mgs
SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
B.14 -	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	000
	- Chr. Mar Hephrita, 3 mos
13. NAME 14. BIRTHPLACE (city or town)	W = 2
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Lophia Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Lophia Smith	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT DO VA Notrue	Specify whether Injury occurrad in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Foundary Good Cour Date 10/27/, 1931	Nature of injury
19. UNDERTAKER John of Coward of Soul	24. Was diseasa or injury In any way related to occupation of deceased? 200 -
20. FILE OCT 25 1956 C 4 MAR folds	(Signed) ROCA E. Gerrote M. D.
Registrar.	(Address) Carousiste Ma

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RECEIVE	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance 1931		Other contributory causes of importance:	
Gallstones	MG,1,1923	Gastroenteritis	1 year
BURTAU			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

RESERVED MARGIN Shore S TIO O state CCUP/ 0 P Ξ shot CIANS sho

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SING 4 COLOR OR RACE 16 DATE OF DEATH (Month) (Year) 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) ...(Duration) 10 NAME OF (Address) 11 BIRTHPLACE OF FATHER ENT *State the Discase Causing Death, or, in deaths from (State or country) Violent Causes, state (1) Mcans of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDENINA 2 OF MOTHER 4 1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death State (State or Country) Where was disease contracted, if not at place of dea.h?. Former or usual residence OF BURNAL OR REMOVAL 20 UNDERTAKEN Filed / Registrar Christian, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

EVELY

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

approved by atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of telanus) may be stated under the head of "contributory." carbolic acid-probably surcide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-If this certificate is looked over thoroughly and all quations FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH should item of County Registration Dist. No. .St.,__ Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. it of foreign hirth? statement If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Oc PERMANENT 193. CTL write (Day) (Month) (Year) BINDING classified. 5a. M-married, widowed, HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 4 × I last saw h____ alive on certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years If LESS than Months FOR stated I day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance IS or ____ min. were as follows: Date of onset Trade, profession, or particular THIS. 3 pe kind of work done, as SPINNER, jo SAWYER, BODKKEEPER, etc. CUPATI may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc on Date deceased last worked at 11. Total tima (years) this occupation (month and spant in this AGE that year) _____ occupation _ instructions UNFADING Other Contributory Causes of importance 80 12. BIRTHPLACE (city or town) supplied. (State or country) terms,

FATHER 13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 2 18. BURIAL, CREMATION, DR REMOVAL

19. UNDERTAKER (Address) Registrar. 23. If death was due to external causes (VIOLENCE) fill in also the following:

What test confirmed diagnosis?

Accidant, suicida, or homicide?______ Date of injury_______ 19_____ Where did injuty occur?_____

Was there an autopsy?_____

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of Injury Nature of injury

24. Was disease er

If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I			Example II		
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 5 103	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	RUREAU	July 5,1927	Peritonitis	3 days ago	
	Salary Sa	No.			
Other contributory causes o	f importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

STA	TE OF M	ARYLAND-	CERTIFICATE OF DEATH	1752
1. PLACE OF DEATH				1
County Oak	more		Registration Dist. No.	1
Village or City	bull		NoSt.,	Ward
Length of residence in aity or t	own where death accord		f death occurred in a horpital or institution, give its NAME instead of street and s	
h.	(10)	The second	J	
2. FULL NAME	7/00	Myer_		
(a) Residence: No.	(Usu	al place of abode)	St., Ward. If nonresident give gity or town an	d State
PERSONAL AND S	TATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR	ORUT	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH Oct /2 (Month) (Day)	, 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		0	22. I HEREBY CERTIFY, That I attended	
5. DATE OF BIRTH (month, day, and	10-1	17-21	I last saw h alive on1919	
7. AGE Years	1	ys If LESS than	to have occurred on the dete stated above, atm.	. ,
		1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particula	INNER 3		D/181	Date of onset
SAWYER, BOOKKEEPER, e	tc	we.	sullvoru	
kind of work done, as SP SAWYER, BOOKKEEPER, e 9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	TILL.			
10. Date deceased last worked a this occupation (month en year)	1 11.	Total time (years) spent in this occupation		
	oll-	11.	Other Contributory Canada of importance:	
12. BIRTHPLACE (city or town) (State or country)		m d	Parame degaranos	•
13. NAME	(Poh	rin	of graceria	
13. NAME 14. BIRTHPLACE (city or town)			Name of operation	
(Stete or country)	m	d ·	What test confirmed diegnosis? Wes there an	autoney?
15. MAIDEN NAME	CALA	rrivell	23. If death was due to external causes (VIOLENCE) fill In also the following	
15. MAIDEN NAME			Accident, suicide, or homicide? Date of injury	
E (State or country)	Tond		Where did Injury occur?	
17. INFORMANTULLA (Address)	offer		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC P	ite) LACE.
18. BURIAL CREMATION OF EMOV	AL		Menner of Injury	
Plece Multi-	Dete /	0-/2193	Nature of Injury.	
19. UNDERTAKER Sheeles. (Address) Toolly	Lawret m	Lene faily	24. Wes disease or Injury In eny way releted to occupation of deceased?	
20. FILED OCLOB, 12-193 1	m.n.Bu	Registrar.	(Signed) Property Market	M. C
AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	If more blanks are n	eeded, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	114

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Ones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	THIS IS A PERMANENT RECORD. Every item of infor-	ld be stated EXACTLY. PHYSICIANS should state	1y be properly classified. Exact statement of OCCUPA-	
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VED FOR BINDING	HIS	pe	pe	
Z	E	P		

1. PLACE OF DEATH	CERTIFICATE OF DEATH	(10)
County Boltimore.	Registration Dist. No.	0
Village or City Catararelle	No. Prince Product St., f death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
Length of residence in city or town where death occurred 10. yrs,mo	s ds. How long in U.S. if of foreign birth? 32 yrs mos.	d
2. FULL NAME Henry Rose		
(a) Residence: No Elmondson are of Midge (Usual place of abode)	Ward. If nonresident give city or town and Si	late
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Oracle Oracle Oracle Oracle	21. DATE OF DEATH October 30 (Month) (Oay)	193 /(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. IHEREBY CERTIFY. That I attended de 0 4 29 1931 to 0 4 30	ceased fro
6. DATE OF BIRTH (month, day, and year) 22, 1879 7. AGE Years Wonths Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, et	
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	acute Ursemic Convulsions	Octop
12. BIRTHPLACE (city or town) Backs	Other Contributory Causes of importance:	
(State or country) Mose.	augus Pestous	04 78
14. BIRTHPLACE (city or town)	Name of operation Date of	
15. MAIDEN NAME Curoline Ellinger	What test confirmed diagnosis? Was there an aut	opsy?_A
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	, 19
17. INFORMAND M. Latowerthan (Address) 2/24 Lask Que	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, GREMATION, OR REMOVAL Place Shell Shalow Date Note 1, 1931	Manner of injury	
19. UNDERTAKER Sand Sond Sein & Sond (Address) 1202 Entage Place.	24. Wes disease or Injury in any wey related to occupation of deceased? If so, specify (Signed) Washall B least	6
20. FILED 19 19 Registrar.	(Address) Calourvelle Mig)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Codes			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

((A)	PHYSI-
tu.	TH UNFADING INKTHIS IS A PERMAN T ECORD	should be carefully supplied. ACE should be stated EXACTLY, PHYSI-SE OF DEATH in plain terms so that it may be properly classified. Exact its very important. See instructions on back of certificates.
BINDING	PERMAN	should be t it may be
ED FOR	HIS IS A	plied. ACE
RESERVE	IG INKT	efully suplin plain ter
MARGIN RESERVED FOR BINDING	UNFADIN	ould be car
	H	SE SE

PLACE OF DEATH County Baltue	STATE OF MARYLAND CERTIFICATE OF DEATH
County Decree of	Registration Dist. No.
Village or City Catouruelle (No. Ofit) 2FULL NAME Daniel y Sayles.	St: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Och 28, 192.31 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19230 to Oct 28 , 19231, that I last saw h & Jalive on Och 25 , 19231,
7 AGE If LESS than I day hrs. day hrs. or min.?	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) 2 yrs inos ds. (Duration) yrs mos ds.
10 NAME OF FATHER RUSSIN Sayles	(Signed) Marshall B. Work M. D. Och 29 1923 (Address) Communille West
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Garrish Swith	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death wrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death and the state of death wrs mos ds.
70 H 0 1	Former or usual residence.
(Informant) House Saulte (Address) 21.02 By all Com	Drud Vidge DATE OF BURIAL
Filed 199 Registrar	Walter S. Portson 2238 W. north au
If more blanks are needed, shares it as Registras	, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed 6 Grocery;

Statement of Cause of Death—Name, first, the Dis-EALE (** VUS:NG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, or intercurrent) affection need Committee on Nomenclature of the Chronic valvular heart disease; etc. The contributory not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	——— (19)
County Balto	Registration Dist. No.
	No. 1049 Lodge Tropiest Status St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Vida Schonberg (a) Residence: No. 1043 Lodge Torrest Rd (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH Oct. 22 (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE ot	2001 HEREBY CERT TO. That I attended deceased from 193/, to 22, 193/
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	I last saw h
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Entero Calitais Oct 18
10. Date deceased last worked et this occupation (month and year). 11. Total time (yeers) spant in this occupation.	Other Contributory Causes of importance:
(State or country) 13. NAME Louis Schonberger	-
14. BIRTHPLACE (city or town) Hungary (State or country)	Name of operation Date of Whet test confirmed diagnosis? Was there an au opsy?
15. MAIDEN NAME Aura Lufsha. 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Louis Lebour berger (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Socret Heart Date Oct. 28, 193/	Manner of injury
19. UNDERTAKER Lilly + File Jue -, (Address) 403 DS. WOGS - LT.	24. Was disease or Injury In any way related to occupation of deceased? 200
20. FILED COV >3, 193/4. Hy (mic) Registrar.	(Signed) (A'dress) Dancus Part N. (A'dress) Dancus Part N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

1147 -

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:		Example II The principal cause of death and related causes Date of onset of importance were as follows:	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	and Office		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

X	CORD. Every item of infor- PHYSICIANS should state act statement of OCCUPA-
FOR BINDING	IS A PERMANENT RE stated EXACTLY. properly classified. Ex:
V. S. No. 1 A A LARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 11750
1. PLACE OF DEATH	92-0
County Dallinors	Registration Dist. No. 3 O
Village or City Catoroville Spre	double occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME Frederick De	olt.
(a) Residence: No. aberdoen P6.	St. Haway ford lee -
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of STherine O Scall	22. I HEREBY CERTIFY, That I attended deceased from 17. 1930 to Oct 22 1931
6. DATE OF BIRTH (month, day, end year) March 1/1860	Hast saw h sin alive on Oct 21" 193 / death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 355 P. m.
7/ 7 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROCKKEPER NO.	Date of onset
SAWYER, BOOKKEEPER, etc.	0 0 0
SAW MILL, BANK, etc.	Certifal Embolism / Kan
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spant in this occupation 25%	
12. BIRTHPLACE (city or town) Backinske	Other Contributory Causes of importance:
(State or country) ma	milital hiselficione Umo
13. NAME John Death	The state of the s
13. NAME JOHN Scott 14. BIRTHPLACE (city or town)	Name of operation Cone Date of
(State of Country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Conna Hipsley	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mes Tred . Letter (Address) aberdeen , mol	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Flave De Crace Date Oct 55 1951	Manner of Injury
19. UNDERTAKER & B. Brown ton - Low	24. Was disease or injury in any way related to occupation of deceased?
(Address) Have De Hrace Md.	If so, specify
20, FILED 10/22 1931. N.C. andreal	(Signed) No best E. Jarrelt M. D.
Registrar,	(Address) Catanonllo Mid

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	11 16
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AOVI			4
Other contributory causes of importance:	87	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
100			
	<u> </u>		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ntv	Baltimore	
nrv	1363 1 14 1 1417 1 17	

STATE OF MARYLAND

/County Baltimore	CERTIFICATE OF DEATH
Village or City Mt. Wilson (No. Tuberculos 2FULL NAME Vernon O. Selby	Branch, Md. is Sanatorium St.: Ward) a hospital or institution, give its NAME Instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Whose Or Divorce	16 DATE OF DEATH October 27th , 1931.
September 9th, 1908. (Month) (Day) (Year)	(Month) (Day) (Year)
(a) Trade, profession or particular kind of work Salesman in (b) General nature of industry business, or establishment in which employed or (employer) hardware store	Pulmonary tuberculosis. (Duration) 1 yre 6 moe ? ds.
Baltimore, Maryland. 10 Name of Father George H. Selby 11 Birthplace Of Father (State or country) Maryland.	Contributory Secondary Pulmonary hemorrhage (Dighton) 9 yr 0 mos 12 ds. (Signed) 0 Wilson, Md. *State the Pisrase Causing Death, or, in deaths from Violent Causes, state (1) Means, of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Sadie Oliver 13 BIRTHPLACE OF MOTHER (State or country) Virginia.	Accidental, Suicidal or Homeidal. 18 LENGTH OF RESIDENCE (For lents or Recent Residents) At place O yrs O mos 9 ds. Where was disease contracted, if not at place of death? Unknown
(Informant) Louis R. Schuerholg. (Address) Mount Wilson, Maryland. Filed Oct 28 1931 Dr. E. B. Michele Registrat	Former or usual residence Woodstock, Maryland. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Cook Lann County Oct. 30, 1963 L 20 UNDERTAKER ADDRESS LESS & Seffessor

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANE MARGIN RESERVED FOR BINDING WITH UNFADING INK--THIS IS WRITE PLAINLY,

RECORD

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Former or Planter, to report specifically the occupations of persons enlaborer, rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material engineer, Stationary fireman, etc. But in many For many occupations a single word or term on O, 3/881. Form loborer, Loborer-At Home, and children, without more precise specification as Day For persons who have no occupation -Cool minc, etc. not gainfully em-

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. as fracture of skull and consequences (e. g., sepsis, carbolic acid—probably shicido accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; on statement of cause of death Chronic etc. The contributory The nature of the injury, volvular heort diseose; Always qualify all

If this cortinate is toked over theroughly and all questions answered in detail, will prevent further correspondence. All the data is excital and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

CDT	IEIC.	ATE	OF	DEAT	CL
CKI	ILICI	416	OF	DEAT	
				1	

2FULL NAME M MOTTIS SINGLE IN AMERICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MARR	County David	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED MARKED MOTHER A COLOR OR RACE SINGLE. Marked MARRIED MARKED MOTHER MARRIED MARKED MOTHER MARRIED MARKED MOTHER MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the deceased 17 I HEREBY CERTIFY, That I attended the deceased 18 I LESS than The CAUSE OF DEATH * was as follows: Contributory Secondary MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 19 I HEREBY CERTIFY, That I attended the deceased 19 I LESS than The CAUSE OF DEATH * was as follows: Contributory Secondary MEDICAL CERTIFICATE OF DEATH 18 DATE OF DEATH 19 I LESS than The CAUSE OF DEATH * was as follows: Contributory Secondary MILLIANT INCREMENT TO CONTRIBUTE TO CONTRIB		Registration Dist. No. 33
MARRIED, MAR		Fleasant Sassat Ward) a hospital or instit
Male White Soft Date of Birth Ora Divorced (Write the word) Ora Divorced (Write the word) The Cause of Birth Oracle (Wonth) (Day) (Year) If Hereby Certify, That I attended the deceased of that I last saw here alive on Oct 2 192 and that I last saw here alive on Oct 2 192 and that I last saw here alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of that I last saw here alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of that I last saw here alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of that I last saw here alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of the I last saw here are alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of the I last saw here alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of the I last saw here are alive on Oct 2 192 and that death occurred on the date stated above, at 1.20 of the I last saw here are alive on Oct 2 192 and that I last saw here are alive on Oct 2 192 an	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
17 AGE Month (Day (Year) 1891 1921 10 10 10 10 10 10 10	Male White Single, Marned Widowed. OR DIVORCED (Write the word)	(October 212), 1923
and that death occurred on the date stated above, at 1.20 I day hrs. Age	- Zunkusein, 1891	17 I HEREBY CERTIFY, That I attended the deceased from
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Contributory Secondary (Signed) Whether Acidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 STATE 17 (Address) Weather Acidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place At place At place The CAUSE OF DEATH * was as follows: **Status of CAUSE OF DEATH * was as follows: **CAUSE OF DEATH * was as follows:		
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER 16 Accidental, Suicidal or Homicidal. 17 In the 2 Accidents 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tolerate or Recent Residents) At place 18 LENGTH OF RESIDENCE 19 In the 2 Accidents 10 NAME 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tolerate or Recent Residents) At place 16 State or Country 17 June 18 LENGTH OF RESIDENCE 18 LENGTH OF RESIDENCE 18 LENGTH OF RESIDENCE 19 June 18 J		The CAUSE OF DEATH * was as follows:
Durstion) BIRTHPLACE (State or country) Discussed Signed State or country Secondary Contributory	(a) Trade, profession or	Tulmonary Tuberculos
Secondary Signed) 10 NAME OF FATHER (State or country) Secondary Signed) 11 BIRTHPLACE (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME OF MOTHER OF MOTHER Secondary Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trients or Recent Residents) At place At place	business, or establishment in	(Duration)vrs mosd
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OTHER OTHER OTHER OTHER OTHER OTHER OTHER	9 BIRTHPLACE (State or country) Russia	Secondary
OF FATHER (State or country) Whether Yoldent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER At place At place At place At place The country of the process of	FATHER Jack Disselman	(Signed) Albert M. Alman M. I
of MOTHER OTHER	OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
13 BIRTHPLACE OF MOTHER At place At place The state of the place of th	of MOTHER Cather Clock	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
(State or Country) Where was disease contracted,		At place of deathyrsmosds. In the State 21yrsmosd
(Informent) When we have the set of MY KNOWLEDGE If not at place of death? Note St Uniforment Uniforment Wolfe St		if not at place of death?
(miormant)	(Informant)	
Filed Oct 2/ 1923/ DT Males 20 UNDERTAKER ADDRESS Registrar ARK Jum See 1439 4. Mar	15 Filed Oct 2/ 19237 DFM Slade	20 UN DERTAKER ADDRESS 1439 & M. M.

11758

If more branks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ao. 1.

Every item of information should be carefully supplied. ACE should be shated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate.

WITH UNFADING INK--THIS IS A MARGIN RESERVED

BINDING

FOR

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupationwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of r," etc., Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Precise statement of oc-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should be stated EXACTLY, PHYSI-it may be properly classified. Exact MARGIN RESERVED FOR BINDING that It may ACE Y. cause of DEATH in plain terms s TH UNFADING INK--THIS of information should state

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M ż

V. S. No. 1

		/	OF DEATH Baltimus		
	Vil	lage or City	Ruxton	(No	***************************************
			L NAME Am		Lauci
		PERSON	AL AND STATIST	ICAL PARTICUL	ARS
;	3 9	EX	4 COLOR OR RACE	Sangle, MARRIED,	
	7	nale	white	(Write the word)	
2	6 0	ATE OF BIR	тн		
			Afani	(Day)	, 1.871 (Year)
200	7 A	GE	60 yrs. 6		f LESS than I day hrs. or min.?
702	P			loburer	
2	L		ature of industry stablishment in ed or (employer)	Jana	
dill	9 6	(State or cou	intry) Hurton	e Co. Pres	٨
Very		10 NAME O	Franci	s Smit	4
5	RENTS	11 BIRTHPL OF FATH (State or		d Co. , %	ud
	PARE	12 MAIDEN OF MOTH		Busser	
		13 BIRTHPL OF MOTH (State or		and Co. &	ud
5	14		S TRUE TO THE BES	T OF MY KNOWLE	DGE
			+ Francis	Α .	M
ומום	_	The Assessment of the Assessme	ess) Rux4	10 mo	
"	15	Filed Oc	t24 19291	A.1.124	Registra:

759	STATE OF MARYLAND
	CERTIFICATE OF DEATH

Registration Dist. No. 38

St.:	Ward)	(If death occan hospital or	urred it
		tion, give its N	
		stead of str	eet an
		number.)	

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH OC+ 24 , 1931
October (Month) 25 (Day) 31 (Year)
17 I HEREBY CERTIFY, That I attended the deceased from
March 1 1929. to Oct 24, 193/
that I last saw h in alive on Oct 24, 1931.
and that death occurred on the date stated above, at 2,30 Pm. The CAUSE OF DEATH * was as follows: Causimonia J face
(Duration) 2 yrs. 7 mos. ds.
Contributory Secondary
(Signed) (Signed) M. D. OCX 24 1921 (Address) Journal May
*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
Where was disease contracted, if not at place of dea.h?
Former or usual residence
Jumaculate Country Bet 27, 1931
Edward oulson

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 ijrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Foreman, (b) Automobile fuctory. The material For many occupations a single word or term on Farm laborer, (b) Colton mill; (a) Salesman, without more precise specification as Day Laborer--Coal mine, etc. (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fraeture of skull, and eonsequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Erhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Mcasles (disease stated unless important. Whooping eough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; nephritis, etc. The contributory Always qualify all

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every CORD BINDING FOR S ARGIN RESERVED THIS UNFADING

STATE OF MARYLAND—CERTIFICATE OF DEATH should state of infor-OCCUPA-1. PLACE OF DEATH County Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long In U.S. if of foreign birth? statement 2. FULL NAME (a) Residence: No. If nonresident give city or town and State (Usual place of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Exa 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) CTL (Year) assified. 5a. If married, widowed, or divorced HUSBAND of 22. ERTIEY, That I attended deceased from (or) WIFE of 4 × 5 E 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Month If LESS than to have occurred on the date stated above. stated l day, hrs. or____min. were as follows: Date of onset 8. Trade, profession or particular be kind of work done, as SPINNER, Jo CUPATIO SAWYER, BOOKKEEPER, etc ... may back Industry or business in which plnods work was done, as SILK MILL. SAW MILL. BANK, etc ... on 10. Date deceesed last worked at 11. Total time (years) spent in this. this occupation (month end AGE that yeer) ______ occupation . O: instructions Other Contributary Causes of Importance 08 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) be carefully What test confirmed diagnosis? Was there an autopsy?..... MOTHER im portant. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of injury_____ 19_ DEATH 16. BIRTHPLACE (city or town) (State er country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT plnods very (Address) OF 18. BURIAL CREMATION OR REMOVAL Manner of injury WRITE CAUSE mation Nature of injury_ LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) 20. FILED. Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	Example II		ample I	Ex
	The principal cause of death and related causes of importance were as follows:	Date of onset	th and related causes ws:	The principal cause of deat of importance were as follo
1 week ago	Attack of epilepsy	1915	RELEIN	Arteriosclerosis
1 week ago	Run over by street car	1921	,	Chronic interstitial nephritis
3 days ago	Peritonitis	July 5, 1927	DEC 3 10.1	Cerebral hemorrhage
		5.	BURNEAU	
	Other contributory causes of importance:	makes and south	of importance:	Other contributory causes
1 year	Gastroenteritis	May 1,1923	Gallstones	
		amped man among	of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	3	2 mg + 16		

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY,

V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 11761
County Bathinore	Posistration Dist. No. 4/R
Village or City Overlea	Registration Dist, No. 43
Village or City Wallette (1	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance In city or town whara daath occurradyrsmos	ds. How long in U.S. it of foreign birth yrs mos ds.
2. FULL NAME mant of Martin G.	Stachlin stoogthine & Stachlin
(a) Residence: No. 705 Old Home Ro	Ward Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH COLD
temale White	(Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBANO of	
(or) WIFE of	22. i HEREBY CERTIFY, That I attended deceased from
moderations	Lillipul 19 19
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is seid
7. AGE Yaars Months Oays If LESS than 1 day,	to have occurred on the data stated above, at / / m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	wara as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Dato daceased last worked et this occupation (month end	Grotinged Lar
work was dona, as SILK MILL, SAW MILL, BANK, atc.	To the state of th
10. Dato daceased last worked et 11. Total time (years)	Tulean evenes
o this occupation (month end spent in this occupation occupation	
Balta C.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME NOTTING Stochlin	
13. NAME Parkin Challin	N
(Stata or country)	Neme of operation Date of
	Whet test confirmed diegnosis? Was there en autopsy?
H ROW	23. If death was due to external causes (VIOL ENCE) fill In elso the following:
State or country)	Accidant, suicide, or homicide? Oate of injury, 19
Ma Ti Bill allain	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT JOSEPH CO. COLLINGTON	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	
Place Lassehis Burging Gate Oct. 22 1931	Mannar of injury
7	Nature of injury
19. UNDERTAKER Trederick Lassahwordow	24. Was disease or injury In any way ralated to occupation of deceesed?
(Addrass) 7401 Belay Road	If so, specify
20. FILEO 10/22, 19:31 D. a. tuh. M. S.	(Signad) Cauchi fetter M. D.
Registrar.	(Address)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I SECENCE	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TERL V MON S	July 5, 1927	Peritonitis	3 days ago
		,		
	1 2950 1	4		
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	••==			

ADDITIONAL SPACE FOR FUR	HER STATEMENTS BY	PHYSICIAN
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1	0	0)
>	<	7	<	

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-IARGIN RESERVED FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of

TION is very important.

certificate.

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH Exact statement of OCCUPA-

762

1. PLACE OF DEATH				
County Baltimore			Registration Dist. No.	
Village or City Cat consvil	le		No. 6 Heights Ave. St., death occurred in a hospital or inslitution, give its NAME instead of street and	Ward
			death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	
2. FULL NAME Thomas				
			C4 Word	
(a) Residence: No. 6 He	(Usual place	of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 16, (Month) (Day)	193 1 (Year)
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of Emma R.	Stewart		22. I FIRERY CERTIFY That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	August 1	1855	I last saw h alive on 19	; death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at hump guy	
76 2	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
8. Trada, profession, or particular				Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Machinist		Valvular disease of heart	
9. Industry or businass in which work was dona, as SILK MILL, D. SAW MILL, BANK, etc.	ieterich &	Harvey		
TO Date deceased last worked at	11. Total t	ime (years)		
this occupation (month and year)	occi	ntin this upation	Other County to County I have Assess	
12. BIRTHPLACE (city or town)			Other Contributory Causes of Importance:	
(State or country) Virg	inia			
13. NAME Unknown	lura Gunaa			
14. BIRTHPLACE (city or town)	known		Name of operation Date of.	
œ l			What test confirmed diagnosis? Was there an	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) UNKNOWN			23. If death was due to external causes (VIOLENCE) fill in also the following	•
O 16. BIRTHPLACE (city or town) unk	10W1		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
William D	cwatt		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate)
(Address) 6 Heights A		swille	opening macrost many occurred in the contra, in nome, or in a object i	Enot.
18. BURIAL, CREMATION, OR REMOVAL			Mannar of injury	
Place Mt. Olivet	Date QCT	· 17, 19 3	Nature of injury	
19. UNDERTAKER William Cook (Address) 6217 St • P	k aul Street		24. Was disease or injury in any way related to occupation of deceased?	1
20. FILED 10/14/3119 H.	C. Andrea	e Registrar.	(Signed) The as Mattfeldy (Address) Delay while the	M. D.
	DOLL			1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

RECEIVED 11/4/31 BUREAU VS

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits.	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1661 48 AON	July 5,1927	Peritonitis	3 days ago
Other contributory causes of manortance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 ycar

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

MARGIN RESERVED FOR

V. S. No. 1

PLACE OF DEATH Baltimore

(131

STATE OF MARYLAND CERTIFICATE OF DEATH

			Registration	Dist. No. DO
	y Stoneleigh	1 (No. 6901 York Laura V. Streett	•	(If death occurred In a hospital or institution, give Its NAME is stead of street and number.)
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
Female	4 COLOR OR RACE White	SSINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Q J	(Day) /93/ (Year)
DATE OF BIR	Apri:	***************************************	17 HEREBY CERTIFY, That I at 1929 to 1929 that I law saw h E/L alive on	tended the deceased from
7 AGE		mos. 23 ds. If LESS than I day hrs. or min.?	and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	
(b) General n business, or e	ofession or or of work	None	Chronie Feturste Jephr (Duration) 2	ter
BIRTHPLACE (State or co	Baltimo: Wesley M.	re, Maryland . Owings ore County, Md	Contributory Secondary (Signed)	York Rd
12 MAIDEN OF MOTH 13 BIRTHPI OF MOTH (State o	Her Marg	more Co., Md	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hosp ients or Recent Residents) At place In the of death yes	itals, Institutions, Trans-
(Informant	Mr. E. O.		if not at place of dea.h?	DATE OF BURIAL
(Add	(19 8 / 198/ 198/ 198/ 198/ 198/ 198/ 198/ 198	M. Butter	Parkwood Cemetery 20 UNDERTAKER Wenty W. Meaks & Son	10/7 , 1931 ADDRESS 805 4. Calvert
	If more b.anks are	needed, address State Registrar	, 16 W. Saratoga St., Balto., Lequesting V.	S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs .. business; that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH work, definite salary, may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know on the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil ngineer, Stationary fireman, etc. But in many tion applies to e.ch and every person, irrespective of cupation is very important, so that the relative health-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocor At Home, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation and children, not gainfully em-Laborer--Coal minc, etc. Wom-

Streement of Cause of Death—Name, first, the DISEASE CAUSING DEATH the primary affection with respect to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Linktheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Brouchopneumonia ("Pneumonia,"

American Medical Association.) (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonilis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E::haustion," "Heart failure," "Haemorrhage, Examples: Accidental drowning; Struck by railway train State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need not Chronic interstitual nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular , heart Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME Instead of street and **2FULL NAME** number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL 5 SINGLE 4 COLOR OR RACE MARRIED, WIDOWED. Write the word (Day) 6 DATE OF BIRTH That I attended she deceased from (Month) If LESS than 7 AGE and that death occurred on the date stated above, I day hrs. The CAUSE OF DEATH * 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER /*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE At place of deathyrs........ds. In the OF MOTHER (State or Country) Where was disease contracted, if not at place of death?. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence. (Informant) PLACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Lauvice with the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, r," etc., Foreman, For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury. "(Exhaustion," "Heart failure," Haemorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease American Medical Association.) telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., oi cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTDY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11766
1. PLACE OF DEATH	92-0
County Baltimore	Registration Dist. No. 30
Village or city Cartonsulle of	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos	
/2. FULL NAME Darah 13. drins	ble
(a) Residence: Np. 927 Lunden avo	St., Ward. / Salto M. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH /3' 193.
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of John H. Jrumble	7eb 27 193/100 C 13 193/
6. DATE OF BIRTH (month, day, and year) Mov. 6 1857	I last saw hear alive on Oet 12, 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.4 m.
73 11 7 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as PPINNER, ACCOUNTS SAWYER, BODKKESPER, etc	
9. Industry or businass in which work was done, as SILK MILL.	
SAW MILL, BANK, atc 10. Date deceased last worked at this occupation (month and the count in this occupation (month and the count in this occupation).	Che Endoqueditis.
this occupation (month and spant in this occupation	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	a hours and clare
13. NAME Jas Dames	
13. NAME Jas. Dames 14. BIRTHPLACE (city or town)	Name of operation. Hove Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jane Mc Muller	23. If deeth was dua to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Jane Mc Mullin 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
E (State or country)	Whera did Injury occur?
17. INFORMANT John H. Trimble (Address) 922 Sinder due	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL CON Date Date 15 19 51	Manner of Injury
1 m 0 1 1 1	Nature of Injury
19. UNDERTAKER M. Tuck	24. Was disease or Injury in eny way related to occupation of daceased?
20. FILED /0/13 195 Plane	(Signed) 1864, 2 Garred M.D.
Registrar.	(Address) Catcherile Nel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	77	Other contributory causes of importance:	
Gallstones	May 1,1983	Gastroenteritis 130	1 year

(Year)_

DATE OF BURIA

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(Approved by U. S. Census and American Public Health Association.)

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CERTIFICATE OF DEATH Registration Dist. No. Bellong ave reas Chas (If death occurred in a hospital or institu-tion, give its NAME in-Ward) stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. Mars OR DIVORCED Write the word (Month) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at A I day hrs. The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE S

State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

In the At place of death ... Where was disease contracted,

if not at place of death?.

Former or

usual residence...

PLACE OF DEATH

OF FATHER RENT (State or country)

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BINDIN

RESERVED

MARGIN

12 MAIDEN NAME A OF MOTHER

> 13 BIRTHPLACE OF MOTHER (State or country)

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-'harer, Farm laborer, Foreman, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) Groeery; man, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. tions, such as "Asthenia," "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, aceident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Tranition," "Marasmus," "Old Age," "Shock," "Inanition, causing death), 29 ds.; Bro chopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Whooping Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronie etc. vulvular heart disease; Nomenclature Always qualify all The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDING

V. S. No. 1

Z.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DE	ATH			46
County Bal	timore			Registration Dist. No. 38
Village or City Length of residance in	n city or town whera de	ath occurred		No. Old Harford Road St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME	Ella Tv	son		
	Old Harf		nr. Put	tyst., Ward. If nonresident give city or town and State
	ND STATISTIC		The second secon	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. CO	White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH October 10th (Month) (Day) (Year)
5a. If marriod, widowed, or d HUSBAND of (or) WIFE of	ivorced	-		22. THEREBY CERTIFY. That to attended deceased from 1931, to 000 10 1931
6. DATE OF BIRTH (month,	day, and year) OC	t. 31.	1871	1 let saw h. to alive on Och 9 193/ death is said
7. AGE Years	Months	Days	tf LESS than 1 day,hrs.	to have occurred on the date stated above, at 8 A . m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or	ne, as SPINNER.	Nurse	ormin.	wara as follows: Date of onset Date of onset
SAWYER, BODKM 9. tndustry or business work was done, SAW MILL, BAN	in which	os ew ood	1	Intestine 199
Data deceased last this occupation (month and	SD91	me (years) It in this Ipation	Ditter Contribution Co. (1)
12. BIRTHPLACE (city or tow (State or country)	•	alto.Co)_•	Dther Contributory Causes of Importance:
13. NAME Joh	n Tyson			OL + 1) Brown
13. NAME Joh 14. BIRTHPLACE (city of (State or country)		o.Co		Name of operation Date of What tast confirmed diagnosts 1994 Was there an autopsy
15. MAIDEN NAME	Hester A.	Royste	er	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city of (State or country)	(OWI)	er Co.		Accident, suicide, or homicide? Data of injury, 19 Where did injury occur?
17. INFORMANT War	7.1	Road		(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF		Date Oct.	12,,193/	Manner of Injury
19. UNDERTAKER FLAG (Address) 74	derick La	Rook	whow	24. Was disease or injury in any way related to occupation of deceased?
20. FILED OCA 12	, 1931 Q7	u Bae	rou/	(Signed) Olympia M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Bt	Example 1 V. St		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 1907 9 1931	July 5,1927	Peritonitis	3 days ago
	BULEAU V S	and		
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g.. Farmer or Planter, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakhess," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemic" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train-American Medical Association.) perilonaeum, etc., Careinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart disease; not be

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state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Scrvant, Cook household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken laborer, Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-" etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Grocery;

Streement of Cause of Death—Name, first, the prince is the cause of Death—Name, first, the prince is to time and causation, using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "eontributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisaned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart mure, "Old Age," "Shock," "Tranition." "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopmcumonia (secondary), stated unless important. Example: Meusles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly (secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic etc. The contributory valvular heart disease; Nomenclature of the not be

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STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-OCCUPA-1. PLACE OF DEATH item of should Registration Dist. No. Ward jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Every Langth of residence in city of town where death occurred How long in U.S. if of foraign birth?___ statement RECORD. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT classified. BINDING 5a. If marriad, widowad, or divorced HUSBAND of CERTIFY. That Fattanded deceased from (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than Years Days FOR 1 day, hrs. Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca SI or min. ware as follows: Date of onset 8. Trada, profassion, or particular ARGIN RESERVED THIS LPATION kind of work dona, as SPINNER, jo SAWYER, BOOKKEEPER, etc. may back Industry or business in which should work was done, as SILK MILL SAW MILL, BANK, etc on 10. Data dacaasad last workad at 11. Total time (years) this occupation (month and spent in this that occupation instructions UNFADING Othar Contributory Causes of importance: 08 12. BIRTHPLACE (city or town (State or country) terms, See FAT 14. BIRTHPLACE (city or town plain (State or country) carefully MOTHER important. 15. MAIDEN NAME E. 23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?..... Date of injury.... DEATH 16. BIRTHPLACE (city or town (State or country) Whera did injury occur?___ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. very 17. INFORMANT plnods OF (Addrass) .5 18. BURIAL, CREMATION, OR REMOVAL WRITE Manner of injury CAUSE mation TION Nature of Injury 24. Was disease or injury in any way related to occupation of deceasad? 19. UNDERPAKER (Address) If so, specify 20. FILED ... Registrar. (Seal) Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	12:00 E
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Langth of residence, In city or fawn where death occurred. Langth	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11773
Village or City Sharrors Pourt (i) death occurred in hospital or institution, after in NAME instead of tarea and number) Length of residence in city or town where death occurred in the polital or institution, after in NAME instead of tarea and number) 2. FULL NAME (a) Residence: No. 92 3 N. St. Ward. (b) Residence: No. 92 3 N. St. Ward. (a) Residence: No. 92 3 N. St. Ward. (b) It controlled give city or town and State PERSONAL AND STATISTICAL PARTICULARS 3. SEX (a) COLOR OR RACE (b) St. Ward. (c) State or Country (c) Trede, profession, or particular (c) Trede, profession, or partic	70	82-00)
Longth of residence in city or town where death occurred. Longth of residence in city or town where death occurred. Longth of residence in city or town where death occurred. Longth of residence in city or town where death occurred. Longth of residence in city or town where death occurred. Longth of residence in city or town where death occurred. Longth of residence in city or town and State and number? Longth of residence in city or town and	County Balto.	Registration Dist. No.
Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town where death occurred. Langth of residence in city or town and State above at the city or town and State above at the city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town and State above at the city of town. Langth of residence in city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town. Langth of residence in city or town and State above at the city of town and State above at the city of town. Langth of residence in city or town and State above at the city of town and state above at the city of town. Langth of residence in city or town and State above at the city	Village or City Spiarrows Point	No. 923 24 St., Ward
2. FULL NAME (a) Residence: No. 9.2 5 7 (Usualplace of abode) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DYOKCED Convicte the word) OR DYOKCED Convicte the word) 5.9. If marries, widewas, ar-throreed (month) day, and ay any or be 8 % 1878 5. DATE OF BIRTH (month), day, and year) 5. DATE OF BIRTH (month), day, and year) 7. AGE 7. Feds, profession, or particulars SAW BILL, BARK, etc. 1. Color of RACE OR DYOKCED Convicte the word) 1. Treds, profession, or particulars SAW BILL, BARK, etc. 1. Color of RACE OR DYOKCED Convicte the word) 1. Color of RACE OR DYOKCED Convicte the word) 1. Color of RACE OR DYOKCED Convicte the word) 22. LIMER EBY CERTIFY. That I steeded deceased from the date stated above, at 7 1921 1. Liest saw h. Lime dive an. Detailed causes of Importance were as splices. 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Liest saw h. Lime dive an. Detailed causes of Importance were as splices. 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Liest saw h. Lime dive an. Detailed causes of Importance were as splices. 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. Color of RACE OR DYOKCED Convicte the word of the stated above, at 7 1921 1. SHIP HALL CEC (city or town)	2 (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 92 b		
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4, COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, OR BYORCEO (write the world) White		eus
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED (write the world) For II married (widoward, are timetered (my interest) For II married (widoward, are timetered (morried) For II married (widoward, are timetered (my interest) For II married (widoward, are timetered) For II married (wid	(a) Residence, No.	
3. SEX 4. COLOR OR RACE White OR DYNOCED Connect the words) 5. If married, widowse, se divirced live of the words of the words of the properties of the words of the properties of the prope		
59. If married, widewed, are divorted HUSBAND of HUSBAN	3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH 315 193/
S. DATE OF BIRTH (month, day, end year) Dee 8	HUSBAND of	22, I_HEREBY CERTIFY, That I attended deceased from
7. AGE Veers Months Deys If LESS than 1 day. In the PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Lallows. Were as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related causes of Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related to Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related to Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related to Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related to Importance as Lallows. The PRINCIPAL CAUSE OF DEATH and related to Importance as Lallows. The PRINCIPAL CAUSE OF DEATH AND IN THE ADMINISTRY of Da		6-7-1-01 31 31
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14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Signed) Name of operetion What test confirmed diegnosis? Purple (Address) 20. FILEDAM 19. Jest and State of Local State of Loc	(State or country)	
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15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILED AND ADDRESS 10. STATE AND ADDRESS 10. STATE AND ADDRESS 10. STATE AND ADDRESS 10. STATE AND ADDRESS 11. STATE AND ADDRESS 12. STATE AND ADDRESS 13. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occurr? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Menner of injury 24. Wes disease or injury in any way related to occupation of deceased? (Signed) (Signed)	14. BIRTHPLACE (city or town)	
Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 923 4. 5	15. MAIDEN NAME ENLINA W. GOARI, SALL	
17. INFORMANT Ms Locuise Williams Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 923 2. A Harrows Point Not 18. BURIAL, CREMATION, OR REMOVAL Place Sk Lawn Eurofry Date 11/31, 1931. Nature of injury 19. UNDERTAKER (Address) 12/7 St Paul St (Address) 12/7 St Paul St (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) (Specify city or town, county and State)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Place Cask Lawre Content of Injury 19. UNDERTAKER (Address) 12. The place of Injury 24. Wes disease or injury in any way related to occupation of deceased? NO 16. Specify (Signed) (Signed)	17. INFORMANT Mrs Lociise Williams	(Specify city or town, county and State)
(Address) 1217 37 Paul st If so, specify (Signed) (Signed)	18. BURIAL, CREMATION, OR REMOVAL	
20. FILED/14. 19/17. 19/17. 10/19/19		
Registrar. (Andress) /V - Condition	20. FILED/101 193 , 193) 14 At Sermica Chin	(Signed) (Address) Dundalk, llux

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and a			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No. 1

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Galletones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should Registration Dist. No (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. if of foreign birth? statement (a) Residence: No.8 CORD (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3: SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT classified. 5a. If married, widowed, or divorced HUSBAND of That I ettended deceased from × M certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Months If LESS than Days Years stated 1 day, The PRINCIPAL CAUSE OF DEATH and related ceuses of importance O. _min. were as follows: Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER pe jo SAWYER, BOOKKEEPER, etc. back pluods may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent in this On 10. Date deceased last worked at this occupation (month and AGE that year) occupation instructions Contributory Causes of Importance 80 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See 14. BIRTHPLACE (city or plain (State or country) should be carefully What test confirmed diagnosis? MOTHER very important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Ë Accident, suicide, or homicide DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 820 OF 18. BURIAL, CREMATION, OR REMOVE Manner of Injur WRITE AUSE 19 3 mation Nature of injury NOIL 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) alf so, specify B. 20. FILE Registrar. Adres State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

ARGIN RESERVED

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related of importance were as follows:	causes	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	M	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	7	1 week ago!
Cerebral hemorrhage	July 5,1927	Peritonitis	71 0	3 days ago
			A 65	
Other contributory causes of importance:		Other contributory causes of importance.	1 9	BI
Gallstones	May 1,1923	Gastroenteritis	3	Kyear
		170		A .
				frança y

PHYSICIANS should state of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of Exact statement stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING certificate. be AGE should be of CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back mation should be carefully supplied.

V. S. No. 1 N. B.—

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE C	F DEAT	H			93-00	1.4.2.43
County	Baltim	ore			Registration Dist. No. 32	
Village or	City	Pikesvil	le,Md.	(16	No. 102 Church Lane St., of death occurred in a hospital or institution, give its NAME instead of street and n	- Ward
Length of re	sidence in cit	y or town where o	leath occurred 75	yrs, 10 mos	20 ds. How long in U.S. if of foreign birth? yrs. mo	is. ds.
2. FULL NA	AME	Phil	ip G.Zimm	ner		
(a) Reside	nce: No	102 Ch	urch Lane		St., Ward.	6
PERSO	NAL ANI	STATIST	(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	Diale
3. SEX		OR RACE	5. SINGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH	
Male	Wh	ite	OR DIVORCE Widow	D (write the word)	October 20, (Day)	. 193] (Year)
5a. If married, wido HUSBAND of (or) WIFE of 6. DATE OF BIRTH 7. AGE	Emm	a a.	Zemm vember 27		22. I HEREBY CERTIFY, Theil attended August 20, 1931, to October 20, 18st saw him elive on October 19, 1831 to have occurred on the date stated above, at 3:20 Am	. 19 31
75		10	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
9. Industry or work w SAW M	work done, z R, BDOKKEEI business III. ass done, es S III. BANK, e used last work upation (mon	s SPINNER, REPER, etc	otired Fa	ime (years) int in this Life	Thrombosis coronary artery (Sudden) Other Contributory Canasa of importance: Myocarditis	2months
1		hn Zimme	er			
13. NAME John Zimmer 14. BIRTHPLACE (city or town) Baltimore, Maryland (Stele or country)			ore, Maryl	and	Name of operation	utopsy?_No_
15. MAIDEN N	AME Ch	narlotte	Hartt		23. If death was due to externel causes (VIOL ENCE) fill in also the following	:
15. MAIDEN N 16. BIRTHPLAC	CE (cily er lov or country)	wn) Balt	imore, Ma	ryland	Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State	
17. INFORMANT (Address)	10		mmer Lane Pi	kesville	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLA	ÁĆE.
18. BURIAL, CREMA			ory. Octo	ber 22 _{,19} 31	Menner of injury	
19. UNDERTAKER _ (Address)		seph Elin			24. Wes disease or injury in any way related to occupation of deceesed?	No
20. FILED Clay	201	,31 Dr	E. E. 1	IChale! Registrar.	(Signed) & & hickory were were,	

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	Example I	45	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes Date of importance were as follows:	
Arteriosclerosis	NOV 9 1031	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUPRAU V.	July 5,1927	Peritonitis	3 days ago
	and the street of the street of the street			
Other contributory causes of importance:			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year